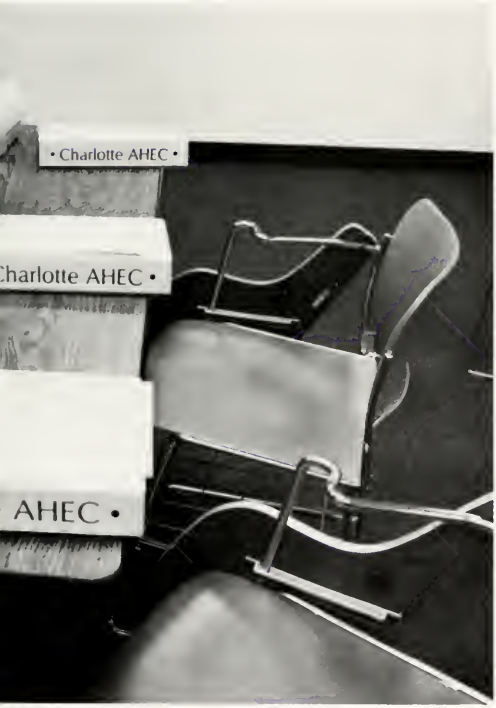
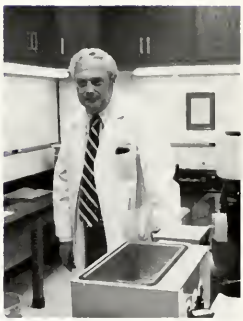
Medical Alumni Bulletin
VOLUME 26 WINTER 1980 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

The Clinical Faculty: a vital factor in the educational experience





Medical Alumni Bulletin

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1980 Medical Alumni Meeting

The 1980 Annual Medical Alumni meeting will be held March 28-29 in Chapel Hill, Dean Stuart Bondurant and Alumni President John Kirkland, '50, have announced.

The Friday and Saturday meetings will be preceeded by a March 27 gathering of the School of Medicine Visiting Committee, Palmer F. Shelburne, '55, chairman.

Friday's activities will commence after registration at the Carolina Inn, with scientific sessions beginning at 9:30 a.m. in 105 Berryhill Hall on campus. The annual luncheon and business meeting will be at the Carolina Inn at 12:30. A social hour at 6:30 p.m. will be followed by presentation of Distinguished Service Awards and the Distinguished Faculty Award at the annual banquet.

Activities the next day will center around grand rounds presentations by the clinical departments in the morning and class reunions beginning at 6:30 Saturday evening. The Manning-Berryhill Club and the classes of '45, '50, '55, '60, '65, '70 and '75 will be holding reunions at various locations. Alumni whose classes are not having reunions are invited to attend the Manning-Berryhill Club meeting.

Weekend programs and registration materials have been mailed to alumni and former housestaff. Preregistration is requested. Additional information is available from the Medical Alumni Office.

Behind the lines

Is it possible that few have noticed what the price of silver has been doing in recent months? Some sages are even saying now that in terms of steady appreciation and avoidance of market volatility, silver is a better investment than gold.

Hospitals sure know about the silver market. So far this year, the cost of X-ray film and photographic chemicals (of which silver is a major component) has increased dramatically. At N.C. Memorial Hospital, for example, there was a 20 percent increase early in the year, followed by another 10 percent jump, then capped late last month by another 40 percent increase on top of everything else. Next fiscal year, the hospital is expecting increases of up to 75 percent in this budget category.

And you have read about or seen on television how family silverware is getting really popular with burglars. Then there's the (true) story about the gas station in Raleigh that sells unleaded gasoline for a dime a gallon—provided the coin you pay with is silver, of 1964 or earlier issue.

At the time of this writing, the price of silver on American markets was heading toward $50 per ounce, but fluctuating.

The one-ounce .999 fine silver centennial commemorative coin struck last year by the School of Medicine is becoming more attractive as an investment, as well as a keepsake. A supply of the coins is still available from the alumni office. At a cost of $30 each, which includes a handsome case and postage and handling, they're a bargain.

Plans for starting a new medical alumni newspaper, to be called the *Medical Alumni Times*, are completed but implementation will be delayed. The newspaper, which will be published four times a year in addition to the *Bulletin*, is now expected to publish its first number this summer. A key staff vacancy in the public affairs office is causing the delay.

—JWS

UNC medical alumnus leads Te health science university

By Clayton Braddock

The tall skinny kid stood motionless at the free-throw line of the high school gymnasium. A battered basketball lay cradled in his upraised right hand, his legs slightly bent, his eyes peering over the curved surface of the ball and locked on the limp net 15 feet away in the shadows of the empty gym.

He had just finished a hurried lunch at home across the street and dashed to the gym at Smithfield (N.C.) High School to make an important shot in his life—a 15-foot trajectory that was to be a model for his next 30 years.

That and the other 50,000 shots he made over the next 12 months in 1947-48—a minimum of 100 a day—were part of a plan to make sure he made the school team the next season. He wanted to avoid the sting of failure he had felt a few days before when his younger brother made the team and he didn't.

That was the year young Al Farmer became the goal-oriented man he is today as T. Albert Farmer Jr., MD '57, chancellor of the University of Tennessee Center for the Health Sciences, Memphis.

"I set myself a goal. I said, 'If I practice, I can overcome this.' I said, 'I must not be outdone by my brother.' I remember saying that I am going to shoot enough during the year's interim to overcome my shortcomings.

"I remember saying I was going to make a minimum of 50,000 shots in the coming year. And that meant that every day, after school was closed and the gym was locked and it was dark, I shot baskets. All through that whole winter, summer and spring, I shot baskets."

Dedication and confidence bore their first fruits the next year when he became a varsity starter—and the next year when he set a school scoring record.

"That taught me one thing, that you can do almost anything if you want it enough. It depends on what price you are willing to pay. Right or wrong, I believe it. Now in retrospect, that goal may not have been worth the price. It was to a young kid at that time."

It still is today, in other ways.

"That was very important to me because I am an optimist. I do believe that if you're clear enough about what you want to do and you're realistic and you're willing to pay the price, you can get there.

"That's an awfully simplistic thing, but I have always believed it. I started believing it that year when I shot baskets every day."

Such a belief has been a major foundation of his life in a career that has evolved through successive new careers. "Shooting baskets" became a part of the ethical fiber and work habits of the man through tours as practicing physician (endocrinology and internal medicine), teacher-researcher-clinician at the University of Alabama School of Medicine at Birmingham, assistant dean, associate dean and executive associate dean at UAB (mostly in curriculum and undergraduate medical education), dean at the UT College of Medicine (1972) and then chancellor.

Dr. Farmer says achieving and learning are twin attractions for him in his work and almost any situation.

"I like learning. One of the real benefits of changing roles is challenge. I like something that has a new challenge that I have to relearn," said the chancellor. "I've got to be stimulated to learn. So I fully expect to change jobs every five to 10 years, all my life. There are a whole lot of things I think would be fun to do.

"Change and challenge are not always a matter of the future," he said. Those things embrace the individual's roots and history—in his case serving in a rural private medical practice, teaching, exploring pituitary-adrenal responses, planning curricula—and shooting practice baskets.

"Being a practicing physician in a rural small town in North Carolina was probably as valuable to me in this job as was the fact that I was a National Institutes of Health research fellow or a fulltime faculty teacher and clinician. Everybody is the result of their various total experiences.

"The idea of changing careers is to have it so that all your experience and background is of some value in your new career. But, on the other hand, each time you change should be a new challenge and exciting so that you work hard at it and try hard to learn."

Being goal oriented has also helped Dr. Farmer avoid one of the deadly executive perils—the daily centrifuge of pressure that separates many an administrator from his sanity.

"The best way I know to deal with pressure is to have optimism toward your goals. I really don't care how heavy the pressure is as long as I can believe in my own mind the result of everything is going to be reaching a goal.

"As long as you have a clean sight of your goals, the pressures don't bother you. The only time the pressure would bother me is if they completely obliterated any chance of achieving my goals."

The chancellor sets a grueling

nnessee's

pace each day—for himself and others—in a schedule which often continues seven days a week and many a night hour.

His crowded calendar is one proof of this. Another is the frequently hurried lunch of cheese crackers and a diet soft drink. Another is a desktop which is more than clean. It seems abandoned.

"I don't let things sit on my desk. Nothing will ever be on my desk more than 24 hours. It makes me restless to not have everything in motion," he said.

But he denies any resemblance to a workaholic. There's ample evidence of this in his private life: sharing community interests of his wife, Nancy; reading fiction, history, biographies, and other subjects; annual skiing trips to Colorado with Mrs. Farmer; keeping up with the busy lives of four children; and travel, including trips to Egypt and Japan on university business.

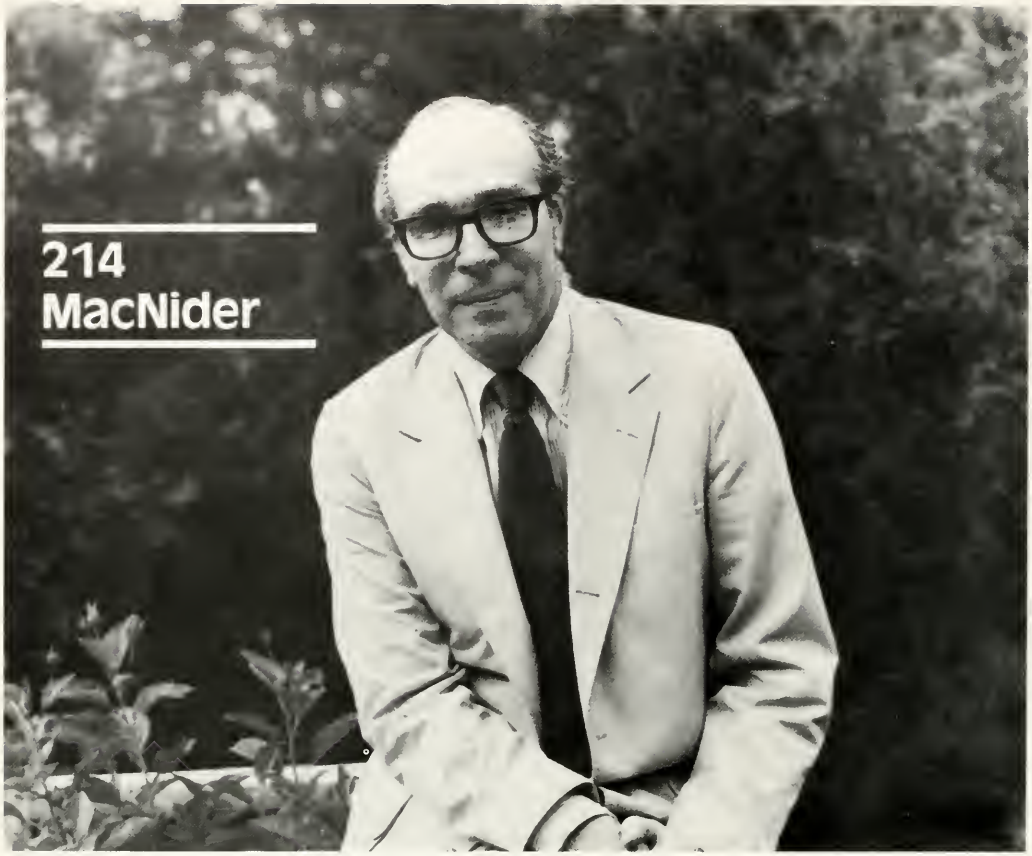
But he's never far from those challenges he talks about and loves. His mind seems uncluttered like his office desk because everything—problems, memories, experiences, plans and goals—seems in contstant motion.

It's yesterday's big struggles, today's battles and tomorrow's challenges which stand out clearly.

"I like struggles. I like to do battle. And I like to win. Winning is not always that important. But playing to win is very important." □

Clayton Braddock is director of public affairs for the University of Tennessee Center for the Health Sciences, Memphis.

Dr. T. Albert Farmer, '57 (right) with Dr. T. Earle Bowe



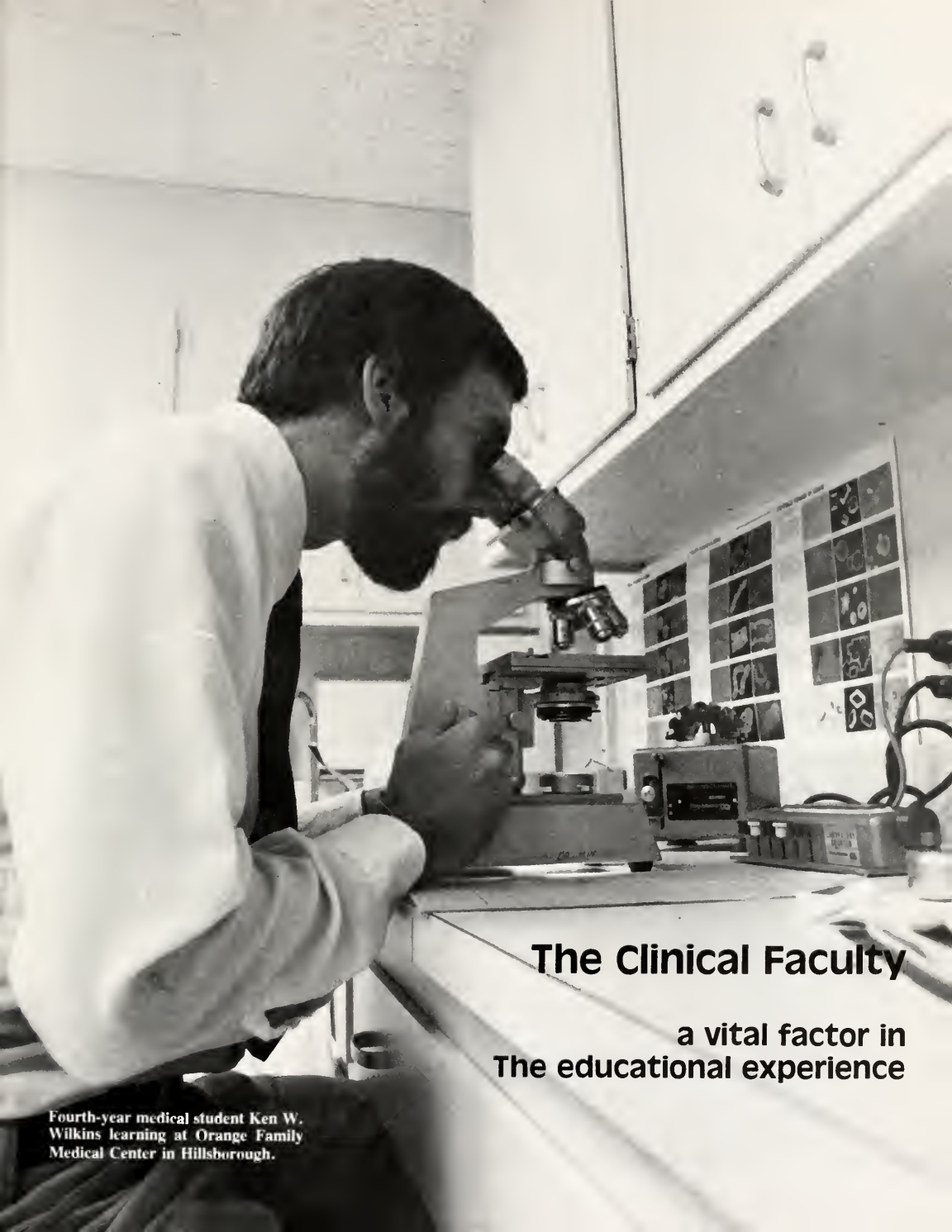
This issue of the *Bulletin* highlights the important contributions of our clinical faculty and it gives me an opportunity to express my own respect and appreciation and that of our faculty and students. The intimacy of association between education and practice is one of the great strengths of medical education in our time.

Our clinical faculty, many of whom are alumni, help to assure the integrity of this association. They bring special wisdom, experience and perspective to the most formative years of medical education. They pass on to future generations of physicians not only the art and science of clinical practice but also the ideals and the standards which they in turn have learned from others. Through their continuing commitment to teaching, they help to shape the evolution of our profession. Beyond all this, they often establish warm personal and professional relations with colleagues of the future.

In the 1980s as medical education continues its renwed emphasis on the humanistic aspects of health care and clinical skills, our clinical faculty will make increasingly important contributions. More than ever before, we will need the knowledgeable support of alumni as clinical faculty to help shape educational programs and to help to develop further programs in hospitals, clinics and offices throughout the state.

Like many tides in the affairs of man, this one carries with it the seeds of its own compromise in that there are pressures to move medical education away from its scientific base and move it toward a kind of empiricism. These pressures may be expressed in a number of ways many of which have the effect of trivializing the role and functions of the physician. In the coming years, I believe that it will be extremely important for practicing physicians over the country and our clinical faculty in particular to teach, exemplify and represent, as they do now, the extraordinary association of humanism and science, which at present, it is the best clinical practice of all medical specialities.

Stuart C. Sandiford



The Clinical Faculty

a vital factor in The educational experience

Fourth-year medical student Ken W. Wilkins learning at Orange Family Medical Center in Hillsborough.

At a metropolitan hospital, medical students listen intently outside a patient's room to a physician explaining his diagnosis.

In a small community a hundred miles away, another student observes physicians in a group practice interviewing patients to learn about their conditions.

All across North Carolina, medical students are receiving at least part of their education away from universities, by teachers who are models of what most of these students will become—private physicians. These educators are the clinical faculty, physicians who take time from their practice to teach in settings as diverse as rural offices and large hospitals in major cities. And their impact, said Dr. Eugene Mayer, director of the state's Area Health Education Centers program, is formidable.

About one in four (or nearly 1,200) of North Carolina's private practice physicians teach medical students and residents from the state's four medical schools for little or no pay. "This is a significant contribution to the substance and economics of medical education," says Mayer, who added that medical schools could never afford this service any other way.

As for the impact on students and residents, he said the clinical faculty provides "a tremendous teaching resource for them, a point of view they get from practitioners in community settings. As they learn, they become more attuned to community problems."

But what about benefits to the teachers? Mayer explained, "As these men and women teach, so do they learn. Nothing is more challenging to a teacher than an eager student asking questions. It's a reciprocal relationship. Indeed, a recent report on the national AHEC program by the Carnegie Council on Policy Studies in Higher Education concurred. Said the report:

"One of the recurrent notes. . .in conversation with community physicians who had undertaken teaching duties in addition to their patient care responsibilities was the pleasure they derived from their teaching experience. I heard the thought expressed repetitively that it was one thing to do it, another thing to explain to a student or resident how to do it; the latter challenge forced one to think twice about what one was doing and why. Teaching forced one to be a student again, to seek and learn still more about the science and art of medicine, thus increasing one's sense of competence both as a teacher and as a practitioner."

Beginning with the late dean, Dr. W. Reece Berryhill, the School of Medicine sought private practitioners to enhance student learning. Later during the 60s, Berryhill as dean emeritus began working out more rotations for medical students to community hospitals. These were finally coordinated with the developing AHEC program. The effort was solving two problems: how to educate a growing number of medical students, and how to expose them to medicine in areas that most needed physicians.

What students are exposed to "are teachers who are a little different from full-time academic teachers," Mayer said, "presumably nurturing the attitudes of the student with respect to practicing medicine in community settings and hopefully to underserved areas throughout the state."

There have been results. Today, more than half the state's private physicians have had some direct contact with the AHEC program, and students and residents overwhelmingly say AHEC influenced their attitudes toward community-based practice, as well as enhancing their educational experiences. More, from 1970 through 1977, 80 of the state's 100 counties improved their physician-to-population ratio, largely in rural counties. This is a radical improvement compared with 1964 through 1970, when more than half of the counties experienced a worsening ratio. The clinical faculty have aided "that unique partnership of the AHEC program between university medical center and the community," one that Mayer said was designed to improve the practice environment for physicians and other health care personnel in North Carolina.

At Charlotte Memorial Hospital, UNC-CH faculty are supplemented by private physicians who also teach.

The Charlotte Experience

One of the largest non-university teaching centers in the nation, Charlotte Memorial Hospital is also the largest partner in the AHEC program, and its community physicians are the largest group of clinical faculty.

The hospital has its own residency program, where 63 percent of the slots are in primary care, said Dr. Bryant Galusha, director of the Charlotte AHEC program. Private physicians with hospital privileges take turns teaching students, an obligation Galusha said represents much of the hospital's commitment to education.

Like the rest of the AHEC program, Galusha said Charlotte is working with neighboring counties in providing continuing medical education. "We want to enable doctors who finish here to practice up to the level of their skills in these areas, and not to feel professionally isolated."

Charlotte Memorial is an impressive, 890-bed medical center. Its AHEC program is housed in its own $2.7 million building, where continuing education programs occur daily. The hospital can provide a different experience for medical students than a university, Galusha explained: "We're a tertiary hospital, but we probably see more hernias, simple pneumonia and other common maladies than at Chapel Hill. We're not a full referral hospital like Chapel Hill; we are a general community hospital for about 400,000 people."

With about 230 private physicians volunteering as clinical faculty, and another 16 full-time physicians who are UNC-CH faculty members, Charlotte Memorial Hospital makes a significant impact on the education of medical students.

"We do feel like we're making a significant contribution," Galusha said. "I don't know anyone with an

Dr. David Citron (right) with medical student

"Every doctor who accepts a staff appointment here agrees to teach if asked. They're not just willing—they may be disappointed if not asked."

adjunct professorship (clinical faculty appointment) who isn't proud of it, as proud as anyone on the tenure track."

If physicians are proud to teach, students are anxious to sign up for Charlotte rotations. They see the Charlotte experience as "a more relaxed atmosphere," with more time to ask questions. Said one of a pediatric rotation, "One reason this rotation is so popular is that you get to see a good variety of children's problems. I saw patients my second day, and there's some independence. That helps you think through, to play the role of physician. It's not just observing. We drew straws (for the rotation). I was the lucky person."

Said another: "It's so much different from Chapel Hill. Here you seem to play a more integral role. I think we get a better picture of what pediatricians would be like."

Physicians are equally committed to the program.

Dr. James C. Parke, associate chairman of the department of pediatrics: "The students are a part of the medical care team during their rotation at Charlotte Memorial Hospital and Medical Center. During the rotation, the student has an opportunity to see the relationships between the regional medical facility and the smaller community and this relationship is discussed repeatedly. Hopefully, this type of experience will make the student more comfortable with the idea of practice in a smaller community and not be afraid to explore the possibilities."

Dr. Raymond Bianchi, assistant chairman of the department of medicine: "Probably few communities rely so much on the private faculty."

Dr. Bobby A. Rimer, associate chairman, department of obstetrics and gynecology: "I'm intrigued how people make decisions about subspecialty. If you look at the practice of medicine in a university hospital only, then you do not get a fair appraisal of how disciplines are in practice. So, by a student being exposed to an environment where there's practical experience, they get a better perspective. And if they choose that specialty, they'll have an idea how they'll be living 10 years from now. That's one thing we can do perhaps more easily than a university hospital."

Dr. David Citron, director of the family practice residency program, at Charlotte Memorial Hospital: "UNC benefits (from the Charlotte rotation) because they are able to provide clinical experience for an expanded student population by using hospitals away from the Chapel Hill campus, and at the same time have an opportunity to expose students to different kinds of health care systems in community hospitals. In many cases, they get more opportunity to assume responsibility for patient care in the community hospital than in the university hospital.

"Every doctor who accepts a staff appointment here agrees to teach if

Dr. Parke: "Students. . .are part of the team. It's also a way for them to be comfortable in a small community and not be afraid to go look at it."

asked. They're not just willing—they may be disappointed if not asked."

The Private Office

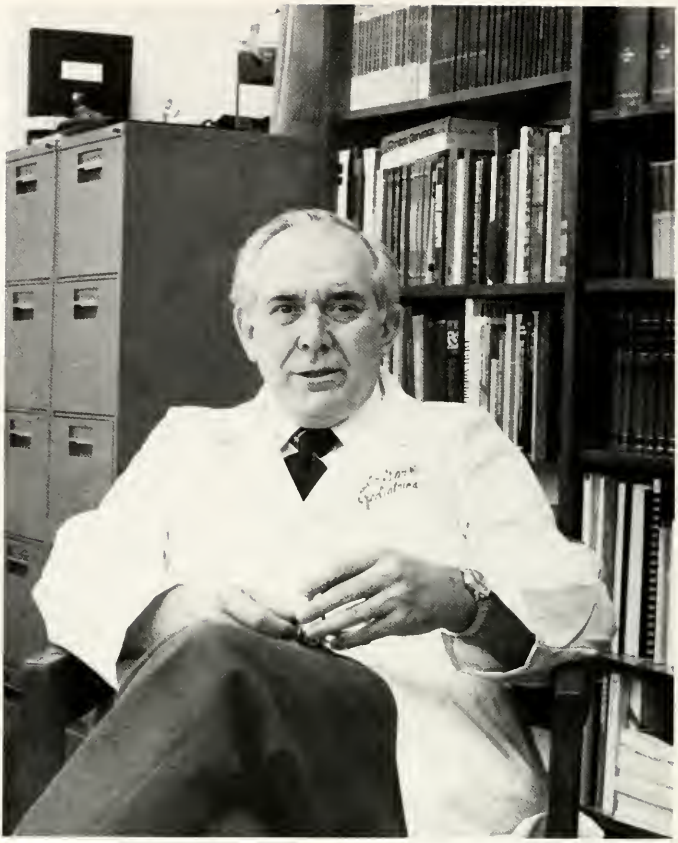
In addition to other hospital experience, all fourth-year students are required to take a four-week preceptorship in a private physician's office. Dr. Richard M. Baker, associate professor of family medicine who heads the preceptor program, said about 50 physicians work with students at about 25 sites around the state, mostly in rural areas. The experience allows students to see a physician's life in a small community.

"We see it educationally as the best opportunity for students to synthesize their abilities, to get a chance to try on the shoes in a one-to-one relationship. The supervision is there, but there's a lot of room to do things. Weaknesses are pointed out, too."

These physicians' contributions are infinite, Baker said. "The preceptorship attempts to acquaint students with aspects of family medicine that cannot be observed in a medical university setting." Baker said physicians contribute their time to teaching, despite a loss of time to their practice, a costly proposition.

Dr. F. Philip Singer of the Orange Family Medical Center in Hillsborough, said he contributes his time because, "I enjoy it. It's kind of fun to have students around, asking questions, keeping you on your toes. In my time as a medical student, I got the most out of the time spent in doctors' offices." And, he added, he thinks he has something to teach.

"Probably what students see in a medical center is less than one percent of what they will see in the real world as far as patient care goes. It's just a different patient population, and depending on what disease it is, medical management may not be the same."



Dr. Parke

At a medical center, Singer said, the patient has almost always been referred for something specific. Here, it's the first step in health care. "By the time a patient goes to North Carolina Memorial Hospital with chest pain, he's been seen several times. Here, we may get to know that every time this patient has chest pain is when his alcoholic spouse has been drinking, indicating a far different problem."

Learning here is different, too. In the slower-paced environment of an office, the pace is steady. Said fourth-year student Ken W. Wilkins, "It's a whole different kind of problem you see here. I think it's important to see how people interview different patients, how they interact with one another." In school, students are taught interviewing techniques, he said. Here, they get practice daily.

"By and large, people tell you how refreshing it is to have these students around," Mayer said. "They like to keep up-to-date and teach the next generation of physicians."

Mayer's is a theme found from Hillsborough to Charlotte and across the state from east to west. "It's being professional," he said. "These physicians take seriously that part of the Hippocratic oath, 'to teach.' "□

Extracts

Dr. Kenneth Cohen prepares to perform cataract surgery on a ruddy headed goose. The surgery helped the bird, one of an endangered species, see to mate.

An endangered species' fight for life was given a boost in December by eye specialists at the medical center. They performed cataract surgery to help a ruddy-headed goose see his way clear to produce offspring.

The 15-year-old male goose, which lives in a waterfowl preserve near Greensboro, had previously lost one eye in an accident. Development of a cataract on his remaining eye left the goose almost totally blind and unable to mate.

"Visual stimuli apparently are very important in the mating process," explained Dr. Robert Peiffer, a veterinary eye specialist who works with the medical center's research animals. "We just wanted to restore sight so he could mate."

The delicate cataract removal was performed under a microscope by Dr. Kenneth Cohen.

"We just thought that since this goose was a member of an endangered species, it was important to provide this service for an ecological standpoint," Peiffer said.

A misguided agent of the body's defense system that attacks cells in the brain has been identified by scientists at the medical center as a likely cause for seizures, psychoses and other brain disorders in people with lupus.

"The cause of these neurological problems has been one of the biggest puzzles in this area of medicine," said Dr. John Winfield, professor and chief of rheumatology and immunology at the School of Medicine.

But now Winfield and his associate, Dr. H.A. Wilson, may have discovered the puzzle's most important missing piece. They have identified a specific immune system antibody that has been shown in laboratory tests to attack brain cells. This anti-brain antibody was subsequently found in blood samples from about 80 percent of Winfield's lupus patients at North Carolina Memorial Hospital who experienced brain disorders.

Winfield said this finding suggests that the newly discovered antibrain antibody produced by the body's immune system may be responsible for some of the more serious brain disorders suffered by people with lupus. The next step, he said, will be to chemically dissect brain cells in the laboratory to find out precisely which molecules in the cells are targets for the antibody.

Extracts

Dr. Jan Hermans, professor of biochemistry and nutrition, was awarded a Kenan leave of absence, beginning Jan. 1 to collaborate with professors at the University of Groningen in the Netherlands. Together they will study the structure of protein and water near the surface of protein molecules.

Wherever the 1980 summer Olympic athletes go, Dr. Timothy Taft, assistant professor of orthopedic surgery, will follow.

He has been chosen by the U.S. Olympic Committee as one of five physicians to help treat those 400-500 U.S. Olympians because of his experience with sports medicine in international competition.

Taft, also team orthopedist for all UNC-CH athletic teams, accompanied the U.S. team to the Pan American Games in San Juan, Puerto Rico, last year and he has done volunteer work at the Olympic training centers for the past three to four summers.

"We'll be working with a group of healthy kids," Taft says. "But even the most minor of injuries can be detrimental to one's performance." Just a sore toe could cost an athlete one hundredth of a second. And, to an Olympic athlete, that can mean the difference between first and fifth place.

"But those kids are young, healthy, highly motivated and they want to get well," he says. "That's why I'm in sports medicine."

Dr. Larry R. Churchill, assistant professor of family medicine and coordinator of the ethics and human values program (Office of Medical Studies) in the School of Medicine, is the new president of the Society for Health and Human Values.

Churchill was chosen by peers in recognition of his contributions to ethics in medicine.

The society is a national organization of 1,300 professionals that encourage and promote "concern for human values as an essential, explicit dimension of education for health professionals."

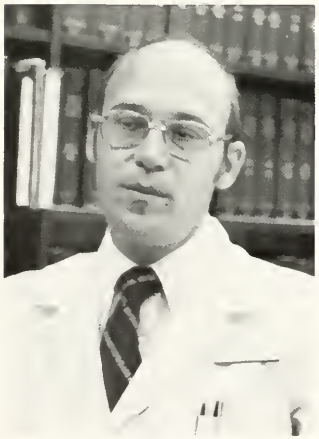
Teaching at UNC-CH since 1974, Churchill was instrumental in the development of the ethics and human values program, originally set up as a National Endowment for the Humanities pilot project for teaching fourth-year medical students. Since then, the program has spread to include courses for first- and second-year students, family practice residents and other housestaff.

Dr. Robert Cefalo has joined the department of obstetrics and gynecology as professor of obstetrics and gynecology and chief of the division of maternal and fetal medicine at the School of Medicine.

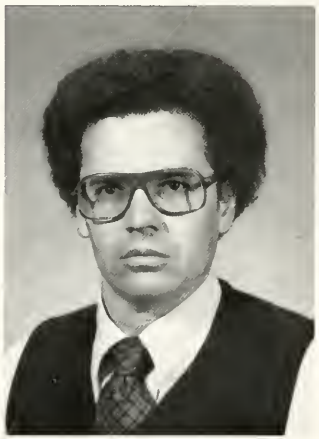
Cefalo, who was appointed Nov. 1, succeeds Dr. Edward H. Bishop, professor of obstetrics and gynecology and the division's first director.

Cefalo received his medical degree in 1959 from Tufts University School of Medicine and a Ph.D. in biophysiology and biophysics in 1974 from Georgetown University.

Before his most recent appointment, Cefalo was assistant chairman of obstetrics and gynecology and director of residency training at the National Naval Medical Center in Bethesda, Md. He held appointments as professor of obstetrics and gynecology at the Uniformed Services University of Health Sciences and was an associate professor of obstetrics and gynecology as well as physiology and biophysics at Georgetown University. He received his training in obstetrics and gynecology in the U.S. Navy Medical Corps and spent 21 years of active duty in the Navy.



Dr. Timothy Taft



Dr. Larry Churchill

Dr. Robert Cefalo

Extracts

Medical scientists at the University are studying a rare colony of pigs that they believe hold important clues to why humans develop atherosclerosis.

The Francis Owen Blood Research Laboratory at UNC-CH houses one of only two colonies of pigs in the world with von Willebrand's disease. The other is at the Mayo Clinic.

Scientists at both institutions have found that pigs with von Willebrand's disease are far less likely to develop atherosclerosis. And this discovery has given new impetus to the search for the cause of atherosclerosis.

The UNC-CH research team, headed by Drs. Thomas Griggs, Robert Reddick and Kenneth Brinkhous, has received a five-year $337,000 grant from the National Heart, Lung and Blood Institute to investigate what it is about the absence of von Willebrand's clotting factor that at least partially protects the pigs from atherosclerosis.

"The hypothesis is that, because of some injury to a blood vessel, platelets accumulate and, as they decompose, they release a protein that is known to cause smooth muscles to grow," said Griggs. "It is thought that when this protein enters the wall of the vessel, it causes a mass of these muscles to grow into the barrel of the vessel, thus partially closing it off.

"The hypothesis says that the absence of von Willebrand's factor allows injuries to go unattended, so platelets don't accumulate in the vessels and don't release the protein that cause the occlusive atherosclerosis we see in normal pigs."

Adding a new dimension to the research is the observation that the UNC-CH pigs apparently are less resistent to hardening of the arteries than those at the Mayo Clinic. The difference, researchers say, supports the idea that environmental factors may play a role in the development of atherosclerosis, and they plan to study the differences in the food, water, air and other environmental factors in the two pig colonies for clues.

"The whole world is watching these pigs," Griggs said. "A lot of what people all over the world do in the future to study atherosclerosis may depend on what these pigs tell us."

Extracts

Dr. Joseph Cohn and his communication device for paralyzed patients.

A physician at North Carolina Memorial Hospital has modified an inexpensive computer to create a communications system for those who are paralyzed and unable to speak.

Dr. Joseph Cohn, a family practice resident, modified the computer to take commands from sensors that can detect body movements as slight as the twitch of a finger or the blink of an eye. The programmed computer has almost unlimited possibilities for communicating and for performing a variety of tasks.

A blink of the eyes can make the alphabet appear in columns and rows on the computer's display screen; and an arrow starts tracking across the columns. By blinking again the arrow stops above the desired column, and a second row descends until it is stopped at a specific letter by another blink. As each letter is selected, it appears at the bottom of the screen, so that by simply blinking at the proper times, a person who is almost totally paralyzed can write a message.

The computer can even be modified to turn on lights and operate appliances.

"The possibilities are really staggering," Cohn said, "because it can take the lowest level of motor ability that a person has and turn that into words and symbols and control over the environment. It could dramatically alter the lives of thousands of people right now."

Dr. Brian Stabler, associate professor of psychiatry, has been awarded a New Investigator Research grant by the Cystic Fibrosis Foundation. The award, totaling more than $29,000, will support Dr. Stabler's study, titled "Facilitating Positive Psychosocial Adaptation in Children with Cystic Fibrosis by Increasing Family Communication and Problem-Solving Skills."

"Dr. Stabler's research will eventually help psychological as well as medical specialists in their efforts to improve the quality of life for a chronically ill patient and his family," said Dr. Robert P. Pace, president of the N.C. Chapter of the CF Foundation. □

International medicine makes world much smaller

In an adult world of political differences, there's still one force powerful enough to bring nations together: children and their care.

It's evident at a Polish hospital where people from all over the globe are contributing their talents and resources. In an international act of love, political idealologies are put aside as physicians, individuals, corporations and governments contribute to make the National Child Health Center the pride of Poland.

And it's evident at the School of Medicine, where a visiting physician from the Polish Center conducts research while encouraging scientists here to visit his country's new pediatric hospital.

Dr. Roman S. Lorenc, chief of experimental medicine at the Center, said his hospital focuses on special areas of pediatrics, such as nephrology, cardiology and metabolism. This is Lorenc's fourth trip to the School of Medicine, where he studies calcium and phosphorous metabolism with Dr. T. Kenney Gray, professor of medicine.

Already, several School of Medicine physicians have visited the Polish Center, including Gray and Dr. Judson J. Van Wyk, professor of pediatrics and chief of pediatric endocrinology. Said Van Wyk, after meeting Lorenc, "I was just caught in his net."

A world-respected expert on growth hormone, Van Wyk participated in the dedication of the National Child Health Center, when he

presented to its endocrine division a three-volume set of books, *Endocrinology*, by DeGroat.

"I went there sympathetic," he acknowledged. "It was so appropriate in the Year of the Child to dedicate a hospital like that."

What the School of Medicine physicians have been visiting is a hospital-monument planned more than a decade ago in memory of 2.2 million Polish children who died during World War II.

"The history of World War II dominates Poland, where it started," Van Wyk noted. U.N. Secretary-General Kurt Waldheim, said at the dedication, "I can hardly think of a better way to honor the memory of the millions of children who died during the war than with an institution of this kind."

Indeed, even a beautiful brass rim around the Center's structure is a symbol of that past, constructed from shell casings.

Today, the self-sufficient complex is nearing completion. The Center will include a 13-story main building with seven inter-connected, three-story pavilions. Out-patient clinics are equipped to handle 80,000 patient visits annually. About 7,000 in-patients will be served each year when the 450-bed facility opens. About 1,600 employees, including 250 physicians, will treat the country's most difficult pediatric cases.

The Center is designed to create as natural an atmosphere as possible. This novel approach includes a motel for parents, who stay at no charge. All services are on the site, including a recreation center, a rehabilitation center and educational facilities.

Unlike most hospitals which organize floors by service, this one will do so by children's ages. In fact,said Lorenc, everything is centered around the special needs of children. Even research will have direct clinical application.

Children from as many as two dozen countries have been treated at the Center so far, Lorenc said. "There has been no child who has come who was not served," he added proudly. Such treatment parallels the hope behind the heart-shaped symbol Lorenc described as meaning "An open heart for children from any country." And up to 300 scientists outside Poland have consulted there.

The School of Medicine connec-

Dr. Judson Van Wyk

tion to the Center is an "unofficial link today," acknowledges Gray. "Our cooperation now is just on an investigator-to-investigator basis," one he said he enjoys because "It broadens our horizons and our insights into other countries."

Such a relationship is no surprise, nor is its informality unusual, says Dr. James W. Lea, assistant professor of family medicine and director of the Program for International Training in Health. Lea said international medicine takes many forms at the School of Medicine.

From student rotations in Europe to a federally-sponsored program to enhance primary care that touches 40 countries, the University has a place in the world health care community. "Though we are a state university with a defined constituency—the people of North Carolina—there's no conflict with international medicine. It has a positive impact on our capacity to serve, increasing the quality of service from such exposure.

It's good, too, from the standpoint of a heightened international profile. When UNC is viewed favorably, that has implications for international efforts in other directions."

The Poland connection is one more of the scientist-to-scientist relationships that crosses continents, but as Lea noted, when it comes to health care, "The world is so much smaller." □

The Polish National Child Health Center near Warsaw.

Class notes

Manning-Berryhill Club

Max Novich, '39, was honored at the seventh annual Maxie Fisher-Lou Halper Memorial Boxing Show in October in Hillside, N.J. The show was sponsored by the Hillside B'nai B'rith and the Young Men's Hebrew Club of Irvington, N.J.

Novich, who has been associated with boxing on every level, from boxer to ringside physician, has initiated many changes to improve the sport of boxing and develop medical safeguards for boxers.

He lives in South Orange, N.J., with his wife Jean and three children. He is clinical professor of surgery at the New Jersey Medical School and director of sports medicine there and the United Hospitals Orthopedic Center—Hospital for Crippled Children in Newark. Novich also maintains offices in Perth Amboy and Newark.

40s

Truett Vann Bennett, '43, of Honolulu, has been living in Hawaii and working as a partner in ENT at the Straub Clinic and Hospital since 1962. He says that since 1974 he's made three trips to work as a volunteer in ENT—once in Taiwan and twice "in the wilds of Nicaragua."

Ferdinand Szabo, '45, is in private practice in Berwick, Pa.

J. Edward McKinney, '46, of Chattanooga, recently moved into a new office in the Parkridge Professional Building. He says he is enjoying an active family practice, sharing weekend coverage with three other practitioners, so that he has time to enjoy a little golf and his lake cabin.

Luther W. Kelly Jr., '46, of Charlotte, says he's moving into the presidency of the American Group Practice Association, the national organization representing group practices. He says he's run into many UNC-CH alumni in his travels which adds to the pleasure of finding new friends.

He says he made a recent visit to Chapel Hill when the daughter of classmate **Boh Lackey, '46,** was married.

Tyndall P. Harris, '48, has what he calls a "medico-legal desk job" in Raleigh at both the state and federal levels. His purely administrative work has its bright moments, he says, but his patient contact is certainly missed.

Harris lives in Chapel Hill, where he and wife Mary have just finished building a house more suitable for them as grandparents.

Class notes

50s

Roy J. Blackley, '51, was appointed director of medical services, Division of Mental Health, Mental Retardation and Substance Abuse Services in Raleigh.

Thomas A. Noone, HS '58, of Haddenfield, N.J., is chairman of the Maternal Infant Welfare Committee of the Camden County Medical Society, a member of the N.J. State Maternal and Infant Welfare Committee and a member of the subcommittee on Teen-age Pregnancy of the N.J. State Medical Society.

Roland E. Schmidt, HS '59-64, is director of the Crippled Children's Regional Services Center in Eugene, Ore.

Otis N. Fisher, '59, was named a fellow in the American College of Radiology in recognition for distinguished medical achievements. He is affiliated with Moses H. Cone Hospital.

G. Reginald Tucker, '55, says he thinks his class is always well-represented in the Alumni Association and that **Palmer Shelburne, '55,** did a great job as chairman of the visiting committee.

Richard A. Boyd, '56, of Statesville, says he's keeping very busy in his obstetrics and gynecology practice at Davis Hospital, where he also serves as medical director and medical staff president. He was recently joined by **Edwin Fulghum, '75,** in the obstetrics and gynecology practice.

Hisashi Kajikuri, HS '56-60, is in practice in thoracic and vascular surgery with **Richard L. Murtland, HS '55-57,** in Monterey, Calif.

Richard V. Liles, '57, has been in group practice with three family physicians in Albemarle since 1976. He says he became the president of the North Carolina Academy of Family Physicians in December.

Rebecca H. Buckley, '58, is currently president of the American Academy of Allergy, the largest allergy organization (3,000 members). At Duke University, she was recently promoted to professor of immunology and J. Buren Sidbury Distinguished Professor of pediatrics. She is chief of the division of pediatric allergy, immunology and pulmonary disease at Duke University Medical Center.

Leslie S. Massad, HS '58-59, says he's still active in obstetrics and gynecology at Community General Hospital in Syracuse, N.Y.

60s

Robert J. Demouth, HS '64, is an associate professor of plastic surgery at the University of Oregon School of Medicine in Portland.

James M. Rhyne, '68, says that after being impressed with the good health of all his jogging classmates at their 10th reunion in 1978, he went home to Statesville and started doing the same. And in January 1980 he entered his first marathon—the Charlotte Observer Marathon (26.2 miles) and finished in three hours and 52 seconds.

"I was very excited to say the least," he says. "If others have run a marathon, please let me know. If not, I challenge you to do so or stop by Statesville and run with me."

Charles L. Whitfield, '65, Cantonsville, Md., is a full-time faculty member in internal medicine at the University of Maryland School of Medicine. He says he also is starting an identification and treatment program for 10,000 alcoholic and dry dependent faculty members, faculty and students at the medical and other professional schools.

Whitfield also is working with the Maryland State Medical Society's alcoholic physicians in a treatment program.

Donald D. McNeill, '65, says he's still alive and well in Lenoir but needs more time for skiing, tennis and running. "Health and happiness from us to everyone," he says.

David C. Hefelfinger, '65, has been working for six years at the University of Alabama, Tuscaloosa, where he is chairman and associate professor in the department of pediatrics' College of Community Health Sciences and associate dean for clinical affairs.

He says he also teaches medical students and family practice residents and allocates one day a week to seeing patients.

Silas B. Coley, '65, is combining private practice of psychiatry and a clinical associate professorship in the School of Medicine. His practice, he says, includes general psychiatry; behavior therapy; hypnotherapy; family, couples and sex therapy and sex education.

Floyd T. Bryan, '66, Melbourne Beach, Fla., is in general and vascular surgery and is enjoying sailing and playing tennis with wife Sandra and their two daughters.

John F. Weber, HS '66-67, is in solo practice of general surgery in his hometown of Great Falls, Mont., where he has built a solar house which he says produces 25 percent of its heat for those 40-degrees-below winters.

Paul L. Burroughs Jr., '66, is still in orthopaedic surgery in Raleigh and says he has seen little improvement in his tennis game.

Robert E. Sevier, '66, Greensboro, has been named president-elect of the American Diabetes Association, North Carolina affiliate.

W. Beverly Tucker, '66, says he's still living in Henderson where he has a busy practice with M.W. Welter Jr., **G. Reginald Tucker Jr., '55,** and **W.R. Drake Jr., '72.** The recent addition of a computer in the office has been an experience, Tucker says.

Hans J. Arndt, '67, has recently moved from Mississauga, Canada, to York Mills, a suburb of Toronto. He is very active as chief of psychiatry at Northwestern General Hospital, Toronto, Ontario, Canada, and has a private practice in Toronto.

James C. Little, '68, of Sanford, has been joined by his brother **Douglas J. Little, '71,** in medical practice.

James Little is certified in family practice and Douglas Little is a diplomate of the American Board of Internal Medicine, with additional training in cardiology.

Joseph W. Griffin Jr., '68, has been promoted to associate professor of medicine (gastroenterology) at the Medical College of Georgia in Augusta.

John L. Davis, '69, is chief of ophthalmic surgery at West Paces Ferry Hospital in Atlanta and also is in private ophthalmology practice there.

John G. Briggs Jr., '69, has been in private practice in plastic surgery for the past two years in Fayetteville.

70s

Hugh S. Owens, '71, says that after last year's record-breaking 65-below temperature low in Jackson Hole, Wyo., he decided not to stay in his built-from-scratch log cabin on his farm this winter. Instead, he spent time in Costa Mesa, Calif., where he's building a 39-foot racing sailboat for a race from Victoria, B.C., to Maui. After some extensive cruising on the Pacific, he says, he'll be returning for an anesthesiology residency on the West Coast.

"As of yet, I'm unmarried," he says, "but settling down and starting a family is starting to sound like a good idea. Love to all my classmates."

G. Ruffin Benton III, '73, says even though there are too many sick folks, he's fishing for trout and hunting grouse up in Brevard, N.C.

Catherine Dobbins, '74, is still in private practice of internal medicine in San Mateo, Calif., and is on the clinical faculty at Stanford Medical School. She was married last year to Chang Reese who is president of Caltec Corp. in Santa Clara. They are living in the San Francisco suburb of Hillsborough, she says, and would love to hear from any of her classmates if they are in the San Francisco area.

Lincoln D. Russin, HS '76, has been a general diagnostic radiologist at Noble Hospital, a small community hospital in Westfield,

Mass. He says he also gives a monthly teaching conference at Yale University School of Medicine, where he is a clinical assistant professor. He and wife Suzie, who is in private practice as a social worker, are building a house in Northhampton, Mass.

H. Clifford Baggett, '70, started a solo practice in February in facial plastic surgery and ENT in Rocky Mount.

George M. Oliver, '70, says he's still practicing obstetrics and gynecology in Morehead City with his wife Charlotte, who is a nurse practitioner.

James J. Jenkins, '70, is chief of anesthesiology at the Jewish Hospital of St. Louis.

Martha A. Parker, '70, has been on the staff of the United States Air Force Hospital, Wiesbaden, Germany, the Air Force's major European referral hospital, since August 1978. She is enjoying her tour in the Air Force, she says, especially in Europe where the medicine is excellent and the surroundings are exciting.

Edwin G. Farrell, '71, is in a private practice of pediatrics in Tulsa, Okla., and chief of the pediatric section of the Springer Clinic. Wife **Susan Farrell, HS '72-74,** is assistant professor of pediatrics at the University of Oklahoma Tulsa Medical College and director of the Tulsa Child Development and Regional Guidance Center.

Sherry Bauman, HS '71-72, is an assistant professor of child psychiatry at Tufts University in Boston, where she also works in the child psychiatry clinic and teaches medical students.

Patrick B. Mullen, '74, has moved to Greenville, S.C., where he will be working in a mental health center after a brief stint in group practice. He sends his regards to everyone.

Dave Tayloe, '74, has been in private practice of pediatrics for two years in Goldsboro.

Bill M. Grant, '74, is an assistant professor of anesthesiology at the University of Tennessee at Memphis. He says he is based at E.H. Crump Women's Hospital and Perinatal Center and has a special interest in obstetric anesthesiology.

Stephen S. Hawkins, '74, is starting a fellowship in infectious diseases at Vanderbilt Hospital in Nashville, where he recently finished his residency in internal medicine. He says he spent 1976-78 in the Indian Health Service in Tuba City, Ariz.

John P. Manzella, HS '74-77, finished a fellowship in infectious disease at the University of Rochester, N.Y., in June and currently is on the full-time staff at the York Hospital of Infectious Disease in York, Pa., and is assistant professor of medicine at the

Class notes

University of Maryland School of Medicine.

Mark W. Peterson, HS '75, chief of psychiatry at the Naval Regional Medical Center in Yokosuka, Japan, recently published an article in the July issue of the *American Journal of Psychiatry*. He says he and wife Diana plan to return to the United States (some southeastern state) in January 1981.

Judith E. Lipton, '75, completed a residency in psychiatry in June and is now a clinical instructor at the University of Washington, Seattle.

She says she is very involved in Physicians for Social Responsibility, a national organization devoted to educating physicians and others about the dangers of nuclear radiation, and would appreciate hearing from anyone else interested in this issue.

Alvin H. Moss, HS '75-78, says that to his surprise and pleasure, he is enjoying research in the second year of his nephrology fellowship at the University of Colorado Medical Center in Denver.

William Clayton Hayes, '75, has been in private pediatric practice for one year as a partner in the Gastonia Children's Clinic, which also includes **Ellis Fisher, '69**.

Charles H. Hicks, '76, completed his residency in internal medicine in June and is continuing as a fellow in cardiology at the University of California, San Diego.

Jack P. Byrd, '76, is a third-year resident in ENT at the Naval Regional Medical Center in San Diego.

Paul J. Saenger, '76, and his wife Denise are still in Lexington, Ky., where he is in his third year of orthopaedic residency. They send greetings from the Bluegrass.

Phillip Wood, '77, is in his third and final year of his family medicine residency at San Francisco General Hospital.

Richard Serano, HS '77, is a postdoctoral fellow in brain tumor biology at Duke University Medical Center.

Vincent Paul, '76, and Melinda Paul, '77, are both senior residents at North Carolina Memorial Hospital—Melinda, pediatrics; Vincent, orthopaedic surgery. They are the proud parents of a new baby boy born in August.

Bill Fulkerson, '77, will be staying at Vanderbilt University as the chief resident in medicine while wife Mary Fulkerson completes her Ph.D. in systematic theology. They announce the birth of their first child in August—a girl.

Ronald L. Williams, '76, is completing an obligation to the National Health Services Corps by working in a physician manpower shortage area in Louisville, Ky. He completed residency programs at Henry Ford Hospital in Detroit and in Providence Hospital in Smithfield, Mich.

Rafael F. Coutin, '77, Galveston, Texas, will finish an internal medicine residency in June and is planning on doing a fellowship in cardiology at the University of Texas. He says he's enjoying sailing catamarans almost year 'round.

Howard Stang, '77, of Golden Valley, Minn., says he's completing a pediatric residency and will enter a one-year ambulatory pediatrics fellowship.

Anita Sloan Westafer, '79, is a first-year resident at the Pensacola Educational Program in Pensacola, Fla.

Jonathan S. Krauss, '78, Augusta, Ga., has been appointed assistant professor of pathology at the Medical College of Georgia and director of the hematology-hemostasis laboratory at the Eugene Talmadge Memorial Hospital.

James J. Bedrick, '78, is a second-year resident in ophthalmology at the Hospital of the University of Pennsylvania and Scheie Eye Institute in Philadelphia. He and wife Adele, he says, are the proud parents of a baby girl born in May. "Philadelphia is great in some ways," they say, "but we dearly miss the 'Southern Part of Heaven.'"

Walter V. Meadors, '79, Biloxi, Miss., says he and wife Linda had twin boys in July.

James G. Peden, '79, says he's staying busy in his first year of an internal medicine residency at the West Virginia University-Charleston Area Medical Center.

Robert A. Scarr, '79, is very happy with his program at the Virginia Mason Hospital in Seattle, Wash., he says, and even has a little time to enjoy the "great Northwest."

Scarr says he saw classmate **Stan Bunas, '79,** in Seattle a few months ago and he seems to be enjoying San Diego.

Deaths

Rachel Davis (DSA, '76), Kinston
William Abel Fritz, '31, Hickory
Manley Mason, '22, Newport
John Henry Rickenbacker, '54, Dillon, S.C.
Thomas W. Ross, '25, Charlotte
Thomas Johnson Summey, '3, Richmond, Va.

From the Office of Continuing Medical Education and Alumni Affairs

By the time this issue of the *Bulletin* reaches each of you the Medical Alumni Association should be relocated in its "permanent" place on the second floor of MacNider Building. (Those of my vintage will recall the area as the main lecture hall above the Dean's office.) Although the space will be still very limited, we will be in a somewhat better position to serve alumni needs. We will not yet have an alumni room; however Colette Batten, alumni secretary, will have an office in addition to the alumni director's office. There will be an opportunity to provide some desk space for those alumni who so generously give of their time in returning to the "Hill" to perform numerous valuable services. We can also make a phone available and can receive calls for you while you are at the Medical School and N.C. Memorial Hospital. If you will leave an itinerary of your day's activities, we will also attempt to forward any messages and information to you. If there are other services or assistance you require, we will attempt to be helpful within our resources.

We would like to have you make the alumni office your base of operations while you are here, insofar as possible. At very least, we would urge you to give us a call (3-2118 inside the medical center) or come by and let us know you are here and how we can reach you if needed. By the way, we usually have a coffeepot warm.

Other matters which I would like to call to your attention will help us serve you more fully. We are now "on the computer" for all names and addresses. This has been fairly satisfactory for the medical degree alumni, but has not been as successful for house officer alumni, graduate degree alumni and former faculty. We would like to make this as complete and accurate as possible. The first step is availability of an up-to-date address and phone number. We can then get you to aid by supplying further information. If you have had difficulty receiving our mailings, know of an error, or know of alumni who are not receiving our correspondence, please let us know or ask them to get in touch with us.

Secondly, we would like to expand our information base about each member so classmates, faculty, and friends can hear about you through our publications and personal correspondence. We plan to develop a more complete class information system. In the future you will receive a request for information and suggestion form. It will be very helpful and appreciated if you will respond to this.

Currently, we are developing a plan for regional quarterly medical alumni meetings which will include scientific and medical school informational sessions as well as social functions. We are considering a half-day or more in major geographic areas. These meetings would feature attendance and presentations by several members of the faculty and an opportunity for individual alumni and councillors to make presentations or raise discussion. We solicit your response to this concept.

Our annual social gathering in conjunction with the North Carolina Medical Society Meeting in Pinehurst will be held again this year and all alumni are invited. We are exploring the opportunities to have alumni functions in conjunction with several national meetings in other areas of the country.

We earnestly solicit your communications and suggestions. Through your critique and guidance, the school will grow and serve all of North Carolina and the Nation more fully.

You all come to see us.

—William B. Wood, MD'56
Director of Alumni Affairs

Calendar

March

5-8	Internal Medicine - 1980	Berryhill Hall
15-16	Anesthesiology - 1980 - Selected Topics	Berryhill Hall
20-21	4th Annual Cancer Research Symposium	Berryhill Hall
21-22	Chemistry and Biology of Heparin	Holiday Inn
28-29	**Medical Alumni Weekend**	**Carolina Inn**

April

10-11	Radiology Spring Symposium	Williamsburg, Va.
12	Update in Ophthalmology	Berryhill Hall
16	Diabetes Workshop	Carolina Inn
19-20	Theobold Society of Ophthalmic Pathology	304 MacNider
25-26	Third Carolina Ocutome Workshop	Berryhill Hall

May

2	**UNC Medical Alumni Social Hour**	**West Porch The Pinehurst Hotel**
9	Alumni Dinner honoring graduating Seniors	Carolina Inn
16-17	Cardiology Fellowship Reunion and Scientific Sessions	Berryhill Hall
16-17	Intraocular Lens Implantation Workshop	Berryhill Hall
19-22	Development of Movement In Infancy	Berryhill Hall
21-22-23	R. Beverly Raney Visiting Professorship Lecture Series	School of Medicine
30-31	Enucleation and Sterile Techniques Course	Berryhill Hall

June

5-6	ACP-Medical Knowledge Self-Assessment Program	Berryhill Hall

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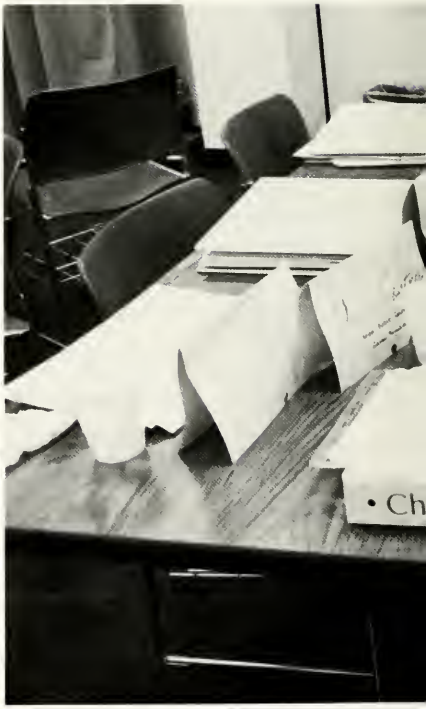
About one in four of North Carolina's private physicians teach medical students and residents, providing an invaluable teaching resource and the "point of view of practitioners in community settings." Story on page 5.



Medical Alumni Bulletin

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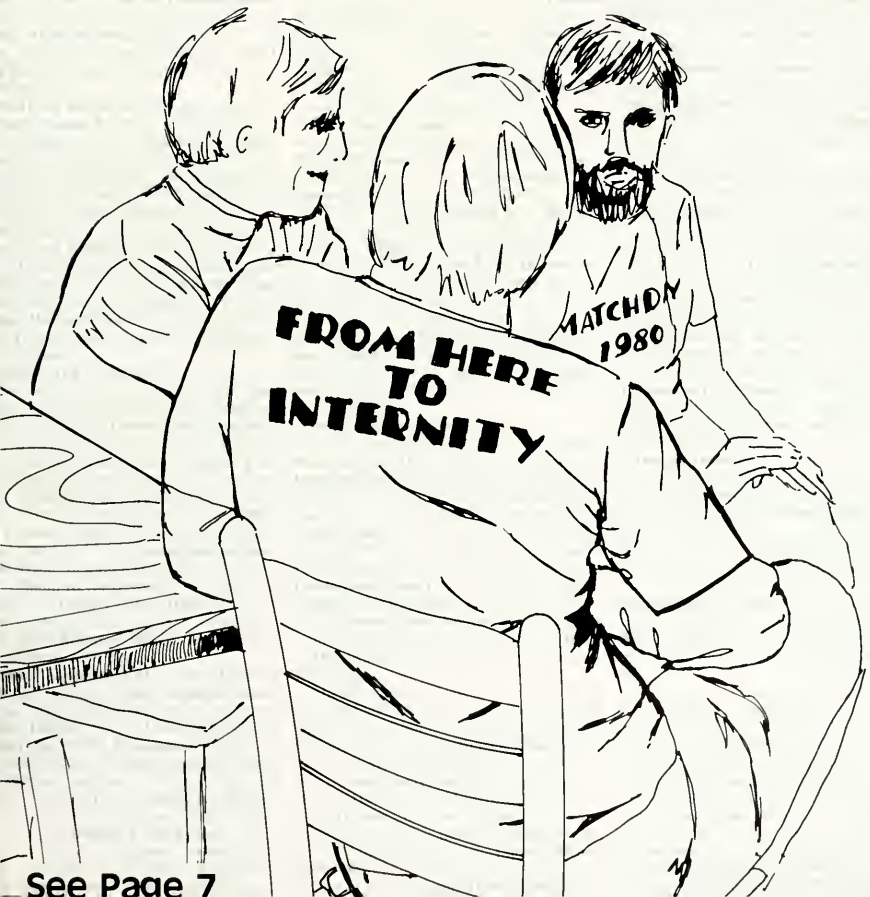

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1979-80 Loyalty Fund report

The 1979-80 Loyalty Fund campaign netted $38,096.94. That's somewhat less than was contributed last year, but the 1978-79 totals include the second year of Centennial Club contributions. Retiring Loyalty Fund Chairman Durwood Tyndall, M.D. '54, said 15 percent of the living alumni participated in the Fund this year. And while an additional number of alumni continued their support through the Co-Founders Club, Medical Alumni Association officers have expressed the hope that the coming years will see an increase in the percentage of alumni who contribute financial support to medical education in Chapel Hill.

Loyalty Fund contributions are used for student aid, research project support, special needs of the dean's office and alumni programs. The 1980-81 drive will get under way in August.

Behind the lines

The Medical Alumni *Times*, a new alumni 'mini-newspaper' has made its debut, and its editors (who also produce this magazine) earnestly solicit your comments about it. The *Times* will be published quarterly, on a schedule complementing that of the *Bulletin*.

The new little newspaper grew from discussions at a meeting of the Alumni Bulletin Advisory Board last year. Board members felt that the frequency of publication should be increased, but they were equally committed to keeping costs under control. Studies showed that savings could be made by limiting the number of pages in each issue of the *Bulletin*. This has been done. The *Bulletin* doesn't look much different, but it doesn't get fatter than 28 pages now. The resultant savings pay for the *Times*. And now, you should be receiving a School of Medicine alumni publication about every six weeks instead of only four times a year.

We expect that the *Times* will help bring School of Medicine alumni and housestaff alumni of North Carolina Memorial Hospital more timely coverage of events and activities in the medical center than was possible with the quarterly *Bulletin* alone. We hope you like it. And, again, we are desirous of feedback from readers.

This issue of the magazine introduces the work of John W. Becton, A.B. '69, who joined the public affairs staff in February. Becton, who also holds the Master of Divinity Degree from Andover Newton Theological School, is a former internal communication specialist and alumni editor for Duke University Medical Center. He succeeds Karen Bachmann, who resigned, as alumni editor.

Next issue, the initials at the end of this column will be his.

—JWS

Creative scholars attracted to flexible program

On their first day of orientation, the young physicians observed a dissection. But they had not come to the School of Medicine at the University of North Carolina at Chapel Hill to make up for deficiencies in the study of anatomy.

The object of the dissection in this case was a health care research paper, and the assembled physicians had been selected to participate in the Robert Wood Johnson Clinical Scholars Program. The two-year program offers promising young physicians the opportunity for post-residency study in a number of non-biological disciplines. There are only seven such programs in the nation, including the one at UNC-CH.

The clinical scholars program has existed since 1970, according to Dr. Robert H. Fletcher, director of the UNC-CH program. It became more formally organized nationwide in 1974, when the Robert Wood Johnson Foundation first began its support.

That also was the year the program came to Chapel Hill.

"Through competition at the national level, UNC was successful in winning a grant under the newly organized conditions," Fletcher said. He noted that the program here recently received funding for 1980-83, its third three-year cycle.

The other Robert Wood Johnson Clinical Scholars grants went to McGill and Yale universities; the universities of California at Los Angeles, Pennsylvania and Washington at Seattle; and to a joint program of the University of California, San Francisco, and Stanford University.

Fletcher, a former clinical scholar himself, said the UNC-CH program receives some three dozen inquiries and about a dozen applications each year for three positions. (Twenty positions are funded nationwide each year.)

Participants are selected jointly by the local program's policy commission and the board of directors of the national program. Applicants must be committed to clinical medicine, Fletcher said.

"Beyond that, we look for an interest in the organization of health services which will require study in a non-biomedical discipline related to medical care," he said. "For example, epidemiology, biostatistics, sociology, anthropology, health administration or economics."

A three-month core curriculum introduces the scholars to these fields, any of which may be pursued in greater depth through course work. Each scholar remains active with clinical colleagues while also completing an individual research project with the guidance and consultation of faculty from the clinical departments, the School of Public Health, the Health Services Research Center and the College of Arts and Sciences.

"We're pleased to have the core curriculum open to other clinicians as well," Fletcher said. "There are more people interested in this area than could or want to take the two-year program."

The interaction of participants is a characteristic of the program which the scholars find especially rewarding.

"There are a dozen or so very creative individuals, putting innovative ideas together," said Dr. Mark E. Williams, '76, a clinical scholar in his second year. "This is a key point of the program."

The assessment is shared by second-year scholar Dr. Anthony C. Kimbrough. He said he has found the variety of people, the variety of their professional career interests and their unique approaches to health care to be very valuable.

Both Williams and Kimbrough also have been impressed with the program's flexible format which allows room for creative thinking while providing support and guidance.

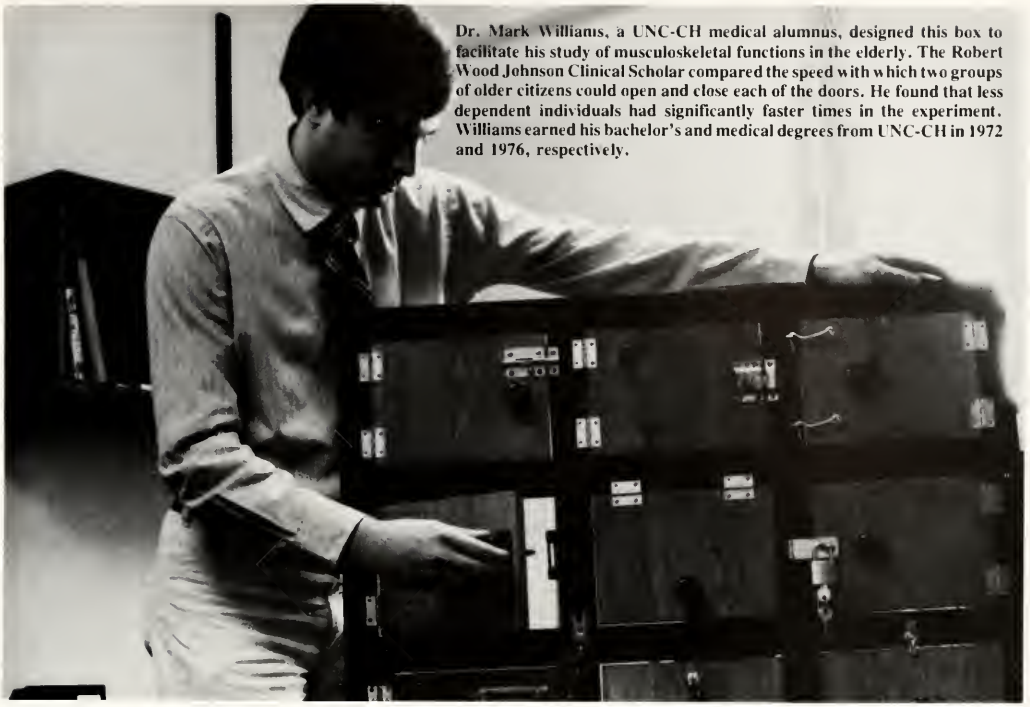
"It's not a program where everyone is directed down the same channel like many academic programs," Kimbrough said.

Yet while they offer similar evaluations of the program, the two physicians also exemplify some of the diversity among the clinical scholars.

Williams, interested in academic medicine, sought in the program an opportunity to clarify his goals. He entered the program directly from residency. Kimbrough, on the other hand, entered the program after a number of postgraduate experiences had essentially solidified his objectives for a practice in a rural setting. In addition, Williams, an internist, has turned his professional attention toward geriatrics, while Kimbrough is a pediatrician.

Williams says that when he first applied, he "didn't realize what a fantastic program clinical scholars is."

As a UNC-CH medical student and later as a resident at N.C. Memorial Hospital, he had begun to seek training as a general internist



Dr. Mark Williams, a UNC-CH medical alumnus, designed this box to facilitate his study of musculoskeletal functions in the elderly. The Robert Wood Johnson Clinical Scholar compared the speed with which two groups of older citizens could open and close each of the doors. He found that less dependent individuals had significantly faster times in the experiment. Williams earned his bachelor's and medical degrees from UNC-CH in 1972 and 1976, respectively.

without a subspeciality. He wanted to teach and do scholarly research.

"I became aware of the Clinical Scholars Program through talking over my career goals with Dr. (Robert L.) Ney (chairman of the department of medicine)," Williams said. "I saw that it could provide a couple of years for career planning."

Now nearing the end of those two years, Williams says that besides clarifying his goals, "I've also developed an interest in geriatric medicine. In fact, after looking at it the last couple of years, I'm going to make it a career."

His primary research has been a study of musculoskeletal components of dependency in elderly citizens. He compared the manual abilities of two groups of elderly females, one made up of nursing home patients and the other relatively independent individuals. The latter, less dependent group proved to be significantly more dextrous.

Beginning in July, Williams will follow up his Clinical Scholars Program experience with a two-year fellowship at the University of Rochester, under the supervision of Dr. T. Franklin Williams (no relation), a former UNC-CH faculty member, widely respected for his work in geriatrics.

Does this mean, then, that in planning a career without a subspeciality, Mark Williams has ended up with a subspeciality?

No, he says, because most of the practice of internal medicine is geriatrics. And while there will always be a need for specialists, Williams believes, there also is a need for physicians to coordinate the care given to older citizens.

"I don't really think the country needs to train a battery of geriatricians to refer people to at 65," he said. "But we do need a cadre to do research and teach—to 'spread the word' how best to care for the elderly."

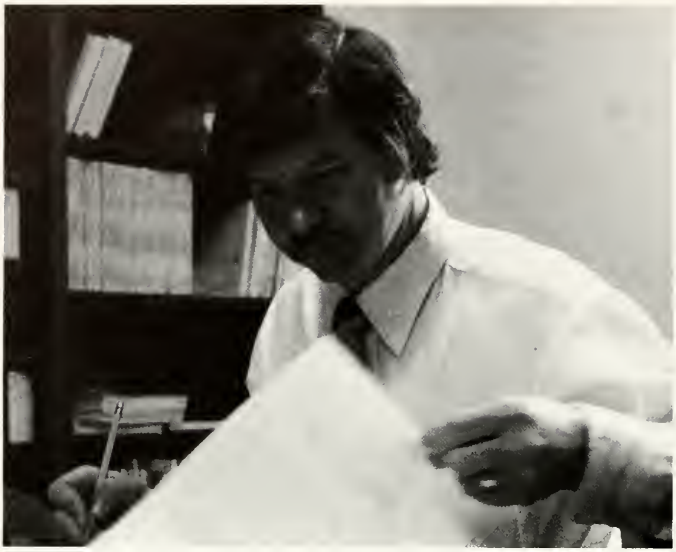
He said that health problems of the elderly are complex. Simultaneous problems make diagnosis more difficult because symptoms may be masked. Add to this that the concept of aging is threatening in a youth-oriented society and that the approach to medical care for the aged often is "fatalistic."

"I think the elderly are the most medically underserved segment of the population," Williams said.

Kimbrough sees community health planning as a key to increasing the access to quality health care for various segments of the population. His interest in the organization of medical services was stimulated by experiences in a Catholic Church clinic in Guatemala and in a neighborhood health center in Arkansas.

He went to Guatemala for a year after graduating from the University of Texas Medical Branch at Galveston and spending one year in a family practice residency.

"In Guatemala, it seemed the same people kept coming back for



Commenting on the value of the Robert Wood Johnson Clinical Scholars Program, Dr. Tony Kimbrough said, "I think the field of community medicine... will develop more and more as we see the need to increase the regionalization of health care to make sure everyone has access to quality care. (As this happens) there will be a need for people with extra training in health planning." Kimbrough earned his bachelor's degree in 1968 from the University of Texas at Austin and his M.D. in 1972 from the University of Texas Medical Branch at Galveston.

treatment," Kimbrough said. It seemed to him that with effective planning, health services could be more than just diagnosing and treating illnesses.

He took this notion with him to Arkansas. During his two-year stay there, he set up a well-child clinic before returning to Texas for two years' pediatric training in San Antonio.

After qualifying for the pediatrics boards, "I wanted to spend two years studying health planning," Kimbrough said. "Community pediatrics fellowships are limited, and not really what I wanted."

His supervisor in San Antonio suggested that Kimbrough write to the University of California for information about the Robert Wood Johnson Clinical Scholars Program. He found there were differing emphases on the various campuses. The program here and the one at the University of Washington appealed to Kimbrough the most because they offered the opportunity to work in rural areas.

Besides working in the pediatrics clinic at N. C. Memorial, Kimbrough spends one day a week at the Orange-Chatham Comprehensive Health Service clinic in Prospect Hill.

His academic studies have been carefully planned toward his goal of returning to Texas to do rural health planning. He's taken various public health courses, including health administration, as well as a course in city and regional planning. And to be better prepared to work with Texas' significant Mexican-American population, he's studied Spanish.

He designed his personal research to give him further insight into parents' expectations of and attitudes about well-child care.

"Well-child services have come into question, particularly among the middle class and especially as infant mortality rates have declined. It's hard to see what you're getting for your money," Kimbrough said.

He designed a questionnaire and hired six homemakers in the Raleigh area to interview a sample of mothers of small children to determine "what they really think of well-child services and what is of the greatest importance to them."

The results aren't in yet, but Kimbrough suspects that "reassurance is important." He hopes to compare the responses of first-time mothers with those of mothers who have one of more older children.

Treatment of first children does have a different method, he explained, and first-time parents may need more reassurance from the physician. But that is more intangible than most aspects of health care and thus more difficult to teach, Kimbrough said.

Kimbrough said an important aspect of the clinical scholars program here is the clinical contact ("Some programs take you out of the practice of medicine," he said. "And I want to practice when I finish."), but the emphasis on research has been greater than he had expected.

"But I've gained important skills and actually enjoyed the research aspects more than I thought," he said.

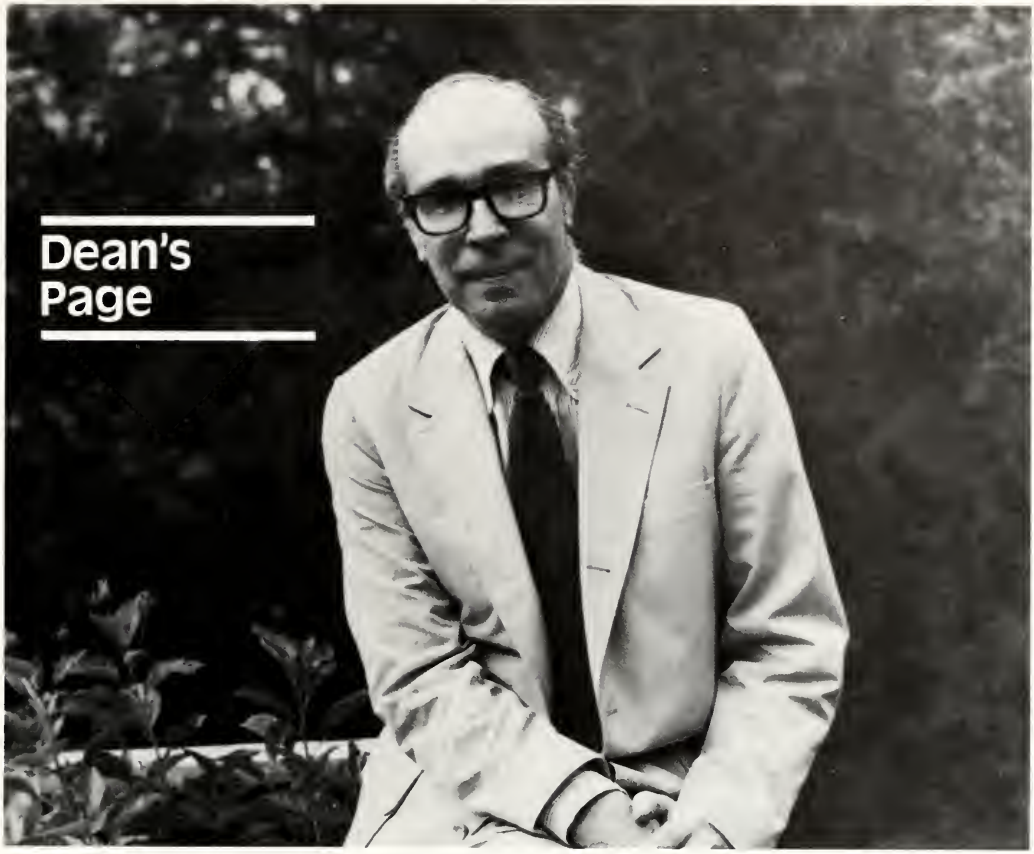
About half the clinical scholars earn another degree while at UNC-CH, Fletcher said, but only if their interest and the degree requirements are compatible.

"We don't want the degree to determine their interest," the program director said.

Fletcher said it is hoped that the scholars will combine their clinical training and their non-biomedical studies in their careers, rather than opting for one or the other exclusively.

"People who can move comfortably in both worlds have become extremely important as the complexity of modern medicine has increased," he said. □

(Former clinical scholars on the UNC-CH faculty include Drs. Robert H. Fletcher, Suzanne W. Fletcher, Seth A. Rudnick and Richard A. Davidson, department of medicine; Eric W. Jenson, psychiatry; and Michael F. Durfee and John M. Pascoe, pediatrics.)



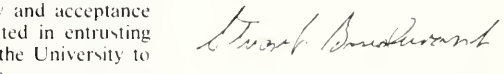
Dean's Page

Since the last issue of the *Bulletin*, Dean Emeritus and Vice Chancellor Emeritus Chris Fordham has been appointed Chancellor of the University of North Carolina at Chapel Hill. This is not only a surpassing tribute to Chris and Barbara but it is also an important and farsighted appointment for the University and a welcome recognition of the integral position of the School of Medicine and its alumni (ae) in the life of the University.

Even though the concept of the University and many of the first great universities sprang in part from medical schools, academic medicine in general has never been wholly committed to or accepted by the universities. In many universities, gown-gown differences between medical faculty and other faculty have been greater than town-gown differences. At Chapel Hill, the Medical School has been a prominent part of the University for more than a hundred years and a substantial part since it became a four-year medical school in 1952. The Medical School has drawn effectively on the academic strengths of the University and conversely the University has been academically enriched by the Medical School. But never before has the Medical School shown the academic maturity and acceptance which is represented in entrusting the leadership of the University to one from medicine.

Much has been written of the personal and professional characteristics which Chancellor Fordham brings to the position. His fellow alumni, colleagues and students know perhaps best of all his commitment, wisdom, openness and fairness, and integrity as well as his professional competence and humanity. I know that I speak for alumni, faculty, and all friends of the Medical School in pledging our support for Chancellor Fordham in his broad new role and in wishing the best for him and Barbara.

The University is in good hands!



Letter from the president

Dear Colleagues:

I consider it a high honor to have been elected president of the Medical Alumni Association. The first president of our association, Dr. Frank Smith of the Class of 1919, began his term a half a century ago in 1930. There have been 46 presidents before me, and the list is a very distinguished one. I am proud to join it.

Aside from the honor, my election to president is of special significance to me—and, I hope,—to you, also. I am the first member of the full-time faculty to be elected president while serving on the faculty. In my judgment this is symbolic of recognition by the alumni of the role of the faculty and at the same time appreciation by the faculty of the support of the alumni.

While it has always been true that the fortunes of the School of Medicine are directly related to the good sense, liberality of spirit, and active support of its alumni, I am fully convinced that over the next decade, the health of the school—perhaps even its survival—will be ever more dependent upon our alumni possessing these qualities.

We are fortunate that our dean, Dr. Bondurant, is keenly aware of this, acts accordingly, and thereby provides cause for outright optimism.

I shall be contacting many of you for your help during the year, and I hope that all 2,800 of you will let me hear from you and tell me of your notions about the medical school.

Sincerely yours,

—William B. Blythe, M.D., '51
President, Alumni Association

Match Day 1980

When the National Resident Matching Program (then the National Intern Matching Program) was established in 1951, it did much to facilitate the application and selection process for first-year graduate medical education programs.

It also caused the anxieties of nearly every senior medical student in the nation to be concentrated on one day in the middle of March. This year "Match Day" was March 12.

There are, no doubt, numerous ways of dealing with the tension that builds as Match Day approaches and is relieved as the computers announce the pairings. This year at UNC-CH, the newest members of the Medical Alumni Association marked the occasion in a couple of ways.

Many donned T-shirts appropriately emblazoned with "Match Day 1980" on the front and "From Here to Internity" on the back. A significant number also gathered for a Match Day Party at The Station, Carrboro's train depot-turned-restaurant.

And they had plenty of cause for celebrating. Nearly two-thirds of those participating in the National Resident Matching Program were placed in the program of their first or second choice, including 45 percent who were matched with their first choice. Approximately three-fourths were placed among their top three choices.

Seventy percent of all this year's UNC-CH medical graduates are continuing their training in primary care specialities, including 39 percent in internal medicine, 15 percent in family medicine, nine percent in pediatrics and seven percent in obstetrics and gynecology.

The 49 new physicians who are beginning graduate training in North Carolina, include 25 who have entered residencies at North Carolina Memorial Hospital.

Here's a listing of who's going where

Randy Steven Adams, Charlotte (N.C.) Memorial Hospital; **John Albert Ascher**, N.C. Memorial Hospital; **Mary Padgett Baucom**, Charlotte Memorial Hospital; **Michael Edward Beasley**, N.C. Memorial Hospital; **Paul James Befanis**, Franklin Square Hospital, Baltimore, Md.; **Richard Alan Bell**, Charlotte Memorial Hospital; **Edward H. Bertram III**, Medical College of Virginia, Richmond; **Roger Douglas Billica**, Good Samaritan Hospital, Phoenix, Ariz.; **Thomas Madison Bond**, University of Colorado Affiliated Hospitals, Denver; **Scott Allen Boone**, Richland Memorial Hospital, Columbia, S.C.

John Henry Bowen, N.C. Memorial Hospital; **Gary Thomas Brotherson**, Akron (Ohio) General Medical Center; **Raeford E. Brown Jr.**, Children's Hospital National Medical Center, Washington, D.C.; **Jan Craig Buckner**, Butterworth Hospital, Grand Rapids, Mich.; **Jerry Wayne Burke**, University of Virginia Medical Center, Charlottesville; **Karen Sheree Caple**, Los Angeles County - USC Medical Center; **Marcus Eugene Carr Jr.**, N.C. Memorial Hospital; **Wilbur B. Carter Jr.**, Roanoke (Va.) Memorial Hospital; **Thomas Howard Clay**, N.C. Memorial Hospital; **Tonya Cottrell Claytor**, Williamsport (Pa.) Hospital.

Neale Alden Cogswell, University of Arizona Medical Center, Tucson; **Lyle Ray Cooper**, Eugene Talmadge Memorial Hospital, Augusta, Ga.; **Lauren Elise Cosgrove**, Case Western Reserve Hospital & Med. Ctr., Cleveland, Ohio; **Carol Christine Cox**, Duke University Medical Center, Durham, N.C.; **Cynthia Gale Crawford**, St. Louis (Mo.) University Group Hospitals; **Jeffrey Lee Creasey**, Duke University Medical Center, Durham, N.C.; **Karin Redden Dickinson**, Strong Memorial Hospital, Rochester, N.Y.; **Phillip Kevin Dorton**, N.C. Memorial Hospital; **Ernest Clinton Dunn Jr.**, Pitt County Memorial Hospital, Greenville, N.C.; **Paul Brandon Duvall**, Spartanburg (S.C.) General Hospital.

Wallace Knapp Dyer II, Grady Memorial Hospital, Atlanta; **Ernest Bernard Eason**, Youngstown (Ohio) Hospital; **Patricia Teague Edkins**, N.C. Memorial Hospital; **Warner Lee Wells Edmundson**, Charlotte Memorial Hospital; **Walter Eugene Egerton III**, William Beaumont - Army Medical Center, El Paso, Texas; **Dennis Wayne Ehrlich**, University of California Affil. Hospitals, Irvine; **Dianne Lynn Eklund**, N.C. Memorial Hospital; **Clarence O'Neil Ellis**, Medical College of Virginia, Richmond; **Hattie Mae Faison**, Franklin Square Hospital, Baltimore, Md.; **Darryl Lee Falls**, New Hanover Memorial Hospital, Wilmington, N.C.

Charles Elliot Ferree, University of Virginia Medical Center, Charlottesville; **Sara Arnold Fowler**, N.C. Memorial Hospital; **Leverne S. Fox Jr.**, Moses H. Cone Memorial Hospital, Greensboro, N.C.; **Barry John Freeman**, Montefiore Hospital and Medical Center, Bronx, N.Y.; **Ophelia Eugenia Garmon**, Charlotte Memorial Hospital; **Jackson Vaughan Gibson**, Medical Univ. of South Carolina Hospitals, Charleston; **Thomas David Goldston**, Medical College of Virginia, Richmond; **Cecil Clifton Gordon Jr.**, Wilmington (Del.) Medical Center; **Frederick Uhl Goss**, Eugene Talmadge Memorial Hospital, Augusta, Ga.; **Steven Louis Greene**, Geisinger Medical Center, Danville, Pa.

John Charles Gudger, University of Tennessee Memorial Hospital, Knoxville; **David Drew Gutterman**, University of Iowa Hospitals and Clinics, Iowa City; **Raymond Allen Hackett**, University of Washington Affil. Hospitals, Seattle; **Sandra Kay Haigler**, University of Washington Affil. Hospitals, Seattle; **Mitchell Dale Hardison**, N.C. Memorial Hospital; **Carl Lewis Haynes Jr.**, Moses H. Cone Memorial Hospital, Greensboro, N.C.; **Mark Alan Helvie**, University of Michigan Affil. Hospitals, Ann Arbor; **Beth Ann Henis**, internship deferred; **James Patrick Holland**, William Shands Teaching Hospital, Gainesville, Fla.; **Kenneth E. Hollingsworth**, National Naval Medical Center, Bethesda, Md.

Douglas Kent Holmes, University of Iowa Hospitals and Clinics, Iowa City; **Robert Bruce Jackson II**, N.C. Memorial Hospital; **Philip R. Johnson Jr.**, Vanderbilt University Hospital, Nashville, Tenn.; **Brenda Faye Jones**, York (Pa.) Hospital; **Brian Christopher Jones**, Medical Univ. of South Carolina Hospitals, Charleston; **Edward Claude Jones**, N.C. Memorial Hospital; **Julia Pemberton Kahler**, internship deferred; **Linda Hawes Kalsbeek**, N.C. Memorial Hospital; **Konrad Casper Kaltenborn**, Latter Day Saints Hospital, Salt Lake City, Utah; **David Nathan Katzin**, Medical College of Virginia, Richmond.

Michael Avery Kepley, University of Tennessee Memorial Hospital, Knoxville; **Janice Dixon Key**, Children's Hospital Medical Center, Boston; **Anne Bryson King**, Moses H. Cone Memorial Hospital, Greensboro, N.C.; **James Merrell Kitchens Jr.**, Royal Victoria Hospital, Montreal, Quebec; **Christopher Morgan Lakin**, Charlotte Memorial Hospital; **James Emmett Lenz Jr.**, N.C. Memorial Hospital; **Daniel Michael Lewis**, Riverside Methodist Hospital, Columbus, Ohio; **Thomas Henry Lineberger**, New Hanover Memorial Hospital, Wilmington, N.C.; **Susan Victoria Lipton**, Massachusetts General Hospital, Boston; **Jimmy Locklear**, Indiana University Medical Center, Indianapolis.

Nicola Jane Longmuir, Kaiser Foundation Hospital, San Francisco; **William L. Lowe Jr.**, Beth Israel Hospital, Boston; **Kathryn Jean Lucas**, Pitt County Memorial Hospital, Greenville, N.C.; **Michael MacMillan**, William Shands Teaching Hospital, Gainesville, Fla; **Catherine Mansfield**, Lancaster (England) Royal Infirmary; **Edward J. Markushewski Jr.**, Family Practice Center, Tuscaloosa, Ala.; **Steven Kelley McCombs**, Medical College of Virginia, Richmond; **Linda Chappell McCormick**, University of Oregon Hospital and Clinics, Portland; **Steve Malone McKinnon**, Univ. of Texas Southwestern Affil. Hosps., Dallas; **John Eugene McMurry Jr.**, Dartmouth-Hitchcock Medical Center, Hanover, N.H.

Calvin McNeill, Walter Reed Army Medical Center, Washington, D.C.; **Gordon Edwin Melville**, George Washington University Hospital, Washington, D.C.; **William Joseph Messick**, Strong Memorial Hospital, Rochester, N.Y.; **Charles Timothy Monroe**, Pitt County Memorial Hospital, Greenville, N.C.; **Edwin Moreland Monsell III**, Northwestern Memorial Hospital, Chicago; **Colette Moussalli**, Medical College of Virginia, Richmond; **Mohamed Abdel Omran**, Geisinger Memorial Hospital, Danville, Pa.; **Thomas M.D. O'Shea Jr.**, N.C. Memorial Hospital; **Leonard Alden Parker Jr.**, N.C. Memorial Hospital; **Cort Andrew Pederson**, internship deferred.

Dwight Dean Perry, State University of New York at Stony Brook Affiliated Hospitals; **Robert Brookes Peters IV**, Charlotte Memorial Hospital; **Thomas Keller Pettus**, State Univ.-Kings County Medical Center, Brooklyn, N.Y.; **Camille Warren Porto**, N.C. Memorial Hospital; **Jack Benson Potter Jr.**, Mount Sinai Hospital, New York; **Bayard Lowery Powell**, North Carolina Baptist Hospital, Winston-Salem; **Timothy Andrew Presnell**, New Hanover Memorial Hospital, Wilmington, N.C.; **Edna Jacqueline Prince**, Prince Georges General Hospital, Cheverly, Md.; **Stephen Frederick Quinn**, University of Virginia Medical Center, Charlottesville; **Petrie Morrison Rainey**, University of California Hospitals, San Francisco.

Thomas Beauregard Reid III, New Hanover Memorial Hospital, Wilmington, N.C.; **Peter Tomaz Remec**, Strong Memorial Hospital, Rochester, N.Y.; **Joan Levon Richardson**, Providence Hospital, Washington, D.C.; **Judith Lynn Rissman**, Cambridge (Mass.) Hospital; **Steve Edward Ritchie**, University of Tennessee Memorial Hospital, Knoxville; **Timothy Clarke Rodell**, University of Colorado Affiliated Hospital,

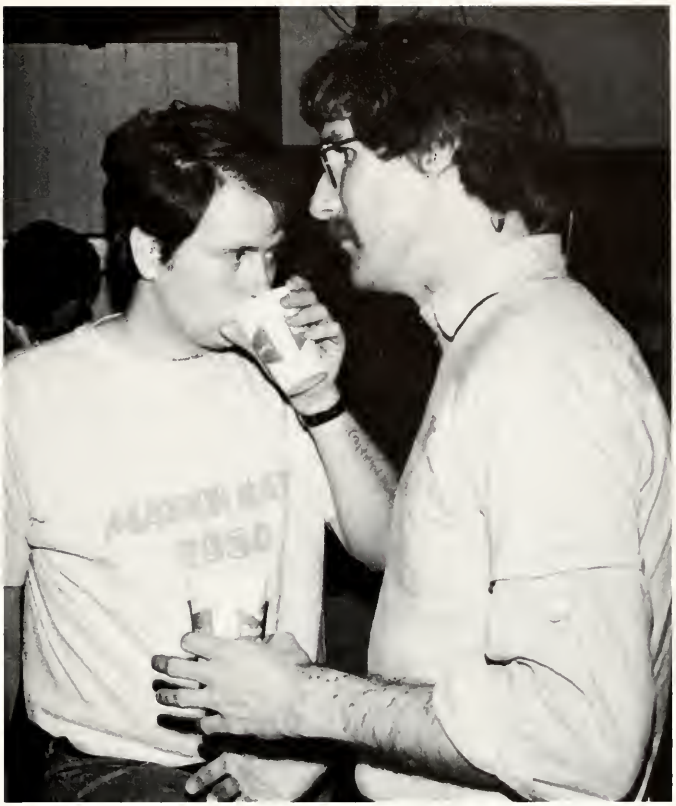
Denver: **Suzanne Rogacz**, Georgetown University Hospital, Washington, D.C.; **Robert Collins Rountree**, Hershey (Pa.) Medical Center; **Jeffrey Dan Rubinstein**, Boston City Hospital; **David Norman Russell**, Eugene Talmadge Memorial Hospital, Augusta, Ga.

Lyle Spencer Saltzman, N.C.Memorial Hospital; **Barry Randall Schneider**, University of Arizona Medical Center, Tucson; **Shawn Christopher Shea**, Hospitals of the University Health Center, Pittsburgh; **Andrew Millard Singer**, Carney Hospital, Boston; **John McNeill Smith III**, N.C. Memorial Hospital; **Miles Taylor Smith**, Hershey (Pa.) Medical Center; **Rose Elaine Gunter Snipes**, N.C. Memorial Hospital; **Paul Clay Sorum**, N.C. Memorial Hospital; **James Peter Srebro**, University of Illinois Affiliated Hospitals, Chicago; **Sydney Scott Stapleton**, Medical Univ. of South Carolina Hospitals, Charleston.

Walter Judson Steele, Vanderbilt University Hospital, Nashville, Tenn.; **Gregory Dean Streeter**, Pitt County Memorial Hospital, Greenville, N.C.; **Gay Gibson Strickland**, Spartanburg (S.C.) General Hospital; **Arther R. Summerlin III**, Texas Medical Branch Hospital, Galveston; **Janet Rose Szabo**, The New York Hospital; **James A. Taylor Jr.**, University of Colorado Affiliated Hospitals, Denver; **James Van Taylor III**, Pitt County Memorial Hospital, Greenville, N.C.; **Leslie L. Taylor III**, N.C. Memorial Hospital; **Ben David Thomas Jr.**, Memorial Medical Center, Savannah, Ga.; **Donna Way Tilson**, University of Alabama Medical Center, Birmingham.

Jonathan Peter Tolins, University of Minnesota Hospitals, Minneapolis; **Margo Fleischman Tolins**, University of Minnesota Hospitals, Minneapolis; **Enrique Jose Tomeu**, Eastern Virginia Graduate Medical School, Norfolk; **Paul Vernon Tuttle III**, Grady Memorial Hospital, Atlanta; **Timothy Allen Viser**, Dartmouth-Hitchcock Medical Center, Hanover, N.H.; **Liliana Graciela Visscher**, N.C. Memorial Hospital; **Anne English Walker**, Vanderbilt University Hospital, Nashville, Tenn.; **Flotillo B. Watkins Jr.**, N.C. Memorial Hospital; **Douglas Kirk Ways**, Medical College of Virginia, Richmond; **Wendell D'Alton Wells**, Dwight David Eisenhower Army Medical Ctr., Fort Gordon, Ga.

Martha Lindsey Wheeley, William Shands Teaching Hospital, Gainesville, Fla.; **Donald Campbell Whiteside**, William Shands Teaching Hospital, Gainesville, Fla.; **Kenneth Worth Wilkins Jr.**, Mary Imogene Bassett Hospital, Cooperstown, N.Y.; **Anna Louise Williams**, Ochsner Foundation Hospital, New Orleans, La.; **Susan Jean Williams**, North Carolina Baptist Hospital, Winston-Salem; **De Benjamin Winter**, Moses H. Cone Memorial Hospital, Greensboro, N.C.; **Jerry Wayne Withrow**, Scottsdale (Ariz.) Memorial Hospital; **Bruce Douglas Worf**, N.C. Memorial Hospital; **Walter Lee Wright**, William Shands Teaching Hospital, Gainesville, Fla.; **Douglas Graham Wysham**, University of Oregon Hospitals and Clinics, Portland.



Basic science graduates

Thirty-three basic science students in the School of Medicine received doctorates this year. Listed by department or curriculum, they are:

Anatomy: Leland Caswell Ellis and Paul Allan Ordronneau. **Bacteriology and immunology:** Devron Randolph Averette, Christine Anne Byron, Inderjit Kumar Dev, Michael P. Farrell, Jay Joel Greenblatt, Nancy Logan Haigwood, Lorraine Hoffman Marnell, Harry E. Prince, James Genin Simmons and Joy Laurin Ware.

Biochemistry and nutrition: Retford Muhammad Berko, Paul Howard Bernstein, Joy Ann Cavagnaro, Marc Walter Franco, Don Alexander Gabriel, Stephanie Smith Padilla, Chon Regan Shoaf, David Lawrence Straight, David Keith Walmer and Sandra Nelson Walters. **Biomedical engineering and mathematics:** Ching-Man Kwan.

Genetics: Cathleen Rae Carlin, Michael A. Lynes and Charles Pinckney Moran Jr. **Neurobiology:** Gail Deerin Burd, Cynthia Dale Conrad, Nancy Lynn Hayes and David Ernest Weil. **Pathology:** Ronald Kent Charlton. **Pharmacology:** Robert Elliot Chapin and Gayle Frances Nicholson. □

Study abroad appeals to students' sense of educational adventure

In antique and perhaps more genteel educational practice, the finishing part of one's learning education took place on a "Grand Tour" of world capitals—an experience lasting a year or more and said to be quite broadening for young ladies and gentlemen of the time.

The necessity of postgraduate medical education and pressures for professional performance, as well as the more technical nature of the modern world have contributed to the end, for the most part, of such post-commencement peregrinations.

But growing numbers of third-year students in the School of Medicine are finding ways to go abroad—as part of their medical education. Since 1968, nearly 200 students have taken part in the six-week Clerks Abroad Program arranged through the department of obstetrics and gynecology. Forty-two of the 160 students in the third-year class this academic year are planning to take their ob-gyn clerkships in foreign countries, says Dr. Charles Hendricks, chairman of the department, and another 45 are booked for next year.

Dr. Charles Hendricks

"I think they do it out of a sense of educational adventure, not because they want to travel so much," Hendricks says.

"These experiences help raise the students' sights.... they get a broader and deeper idea of what medical education is all about."

To date, medical students from UNC-Chapel Hill have taken clerkships in Australia, Belgium, Canada, England, Finland, Holland, Ireland, Jamaica, New Zealand, Norway, Scotland, Sweden and Switzerland. "Most recently, we have placed students in teaching institutions in England or other English-speaking nations," Hendricks said. "Students may go to other countries for clerkships, but we require that they be fluent in the language of the host country."

Hendricks said the students also are required to pay their own travel and expenses while away, and to file a report on their experiences when they return. The host institution also gives the department in Chapel Hill an evaluation of the student after the clerkship.

While there is some travel money available on a competitive basis from private sources, Hendricks says most students "raise their travel money from family, from loan funds or through working summers."

The educational experience in ob-gyn clerkships overseas is much the same as that in Chapel Hill, but the process is different. "In British institutions, for example, our students find their counterparts are not so uptight as American medical students. They stop for tea," Hendricks said.

"The pace is much more relaxed, though the educational process is just as effective."

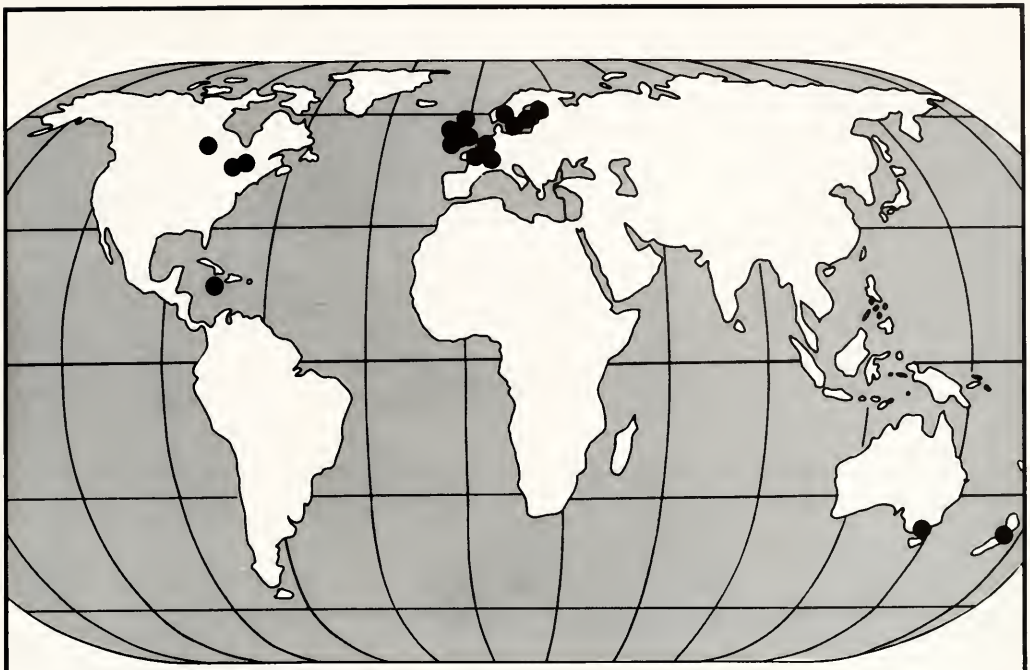
Third-year student William Merwin noticed this difference almost immediately in his experience at the Royal Infirmary, Edinburgh, Scotland, last winter. "Expectations for medical students are not as high as those we are accustomed to here at UNC. I was regarded as 'quite keen' for showing up when I was on call or on the weekend."

The reports students filed after clerkships at English and Scottish hospitals show opportunities for clinical experience are abundant.

Dr. Charles Hendricks was much involved in international exchange programs at Case Western Reserve University for 14 years before coming to Chapel Hill in 1968 as chairman of obstetrics and gynecology. He has continued that interest at UNC-CH and, since then, has encouraged hundreds of medical students to partake of educational experiences in other nations.

Hendricks, whose first educational experience abroad was as a Macy Fellow at the University of Uruguay, Montevideo, has formed personal friendships with leaders in his field at many of the great medical schools and teaching hospitals in the world. His widespread acquaintances, plus the respect North Carolina medical students have earned abroad as well-prepared, hard-working young people, have made the Clerks Abroad Program of the obstetrics-gynecology department popular not only with medical students here, but with the faculties and staffs of host institutions abroad.

By the end of next academic year, 215 UNC-CH medical students will have participated in this clerkship program. And, the program seems to be encouraging foreign students and practitioners to come here for academic enrichment and postdoctoral training.



Clerkships Abroad

Students have been placed in the following foreign teaching institutions: **Ireland**—the Rotunda; **Northern Ireland**—Queens University; **Scotland**—University of Edinburgh, Dundee University, University of Glasgow, and Royal Maternity at Glasgow; **Community Teaching Hospitals in Scotland**—Kirkcaldy, Dunfermline, Dumfries, Irvine, Bells Hill and Bangour.

England—New Castle-Upon-Tyne, Ashington, Sheffield, Nottingham, Birmingham, Oxford, Bristol, Cardiff and the following **London Medical Schools**—University College Hospital, King's College, Charingcross, Royal Free.

Western Europe—Norwegian Cancer Hospital, Oslow; University of Lund, Sweden; Karolenska Institutet, Stockholm, Sweden; University of Helsinki, Finland; University of Amsterdam, Holland; University of Brussels, Belgium; University of Basel, Switzerland; University of Geneva, Switzerland.

Canada—University of Toronto, McGill University, University of Western Ontario.

Jamaica—University of the West Indies, Kingston.

New Zealand—Graduate University.

Australia—Queen Victoria Memorial Hospital, Melbourne.

William Winkenwerder, who spent November and December of last year at the University of Newcastle-Upon-Tyne, wrote: "... you get plenty of practical experience delivering babies and following mothers in labor. During my entire rotation I delivered 13 babies, sewed up 26 episiotomies, and assisted or closely observed in 10 cesarian sections."

But, UNC clerks abroad are generally agreed that the obstetrics part of their programs often involves considerable competition with student nurse-midwives. Student Paul Mackie Parker advised, "Declare early your need to do *lots* of deliveries and show them that you're willing to hang around the labor suite all hours to get them. . .competition for deliveries with student-midwives is very stiff."

Merwin agreed in his report, and noted "A good deal of political savoir faire may be required in this situation."

Students also rate the cultural value of their clerkships quite highly. Hendricks said many use the six weeks' freetime that follows the obgyn clerkship in the curriculum for further study of local people and customs.

One student, no doubt greatly impressed by important cultural differences, devoted much of his final report to an analysis of British pubs and beverages. He observed that "British medical students tend to live in pubs," and that English bitters (served "luke-cold") is "very good and rather addicting."

"Forget American beer. It's second-class, at least as far as the British are concerned." □

Extracts

Heparin, the most widely used drug for treating heart disease and blood clots, was the subject of a two-day conference at the University this spring.

The conference was the first of its kind to look at the current state of the art of heparin research. The meeting, sponsored by the Center for Thrombosis and Hemostasis, drew some 200 scientists, including internationally recognized physicians and scientists who discussed recent advances in the clinical use of heparin.

The conference featured talks on the mechanism of action of heparin, which has been used as an anticlotting remedy for 40 years.

"The greatest cause of death in the United States is related to blood clots and atherosclerosis," says Dr. Harold R. Roberts, director of the center and professor of medicine and pathology.

"Everybody thinks cancer is the most common cause of death, but the risks of dying from cardiovascular disease or thrombosis (blood clotting) are much higher. For that reason, basic research on heparin needs to be rapidly applied to clinical use."

Dr. Henry S. Kingdon, professor of medicine and biochemistry and the initial speaker at the conference, says there remain many mysteries about heparin and how it works.

"It's interesting in reviewing the history of the discovery and use of heparin to note that even though it's the best anti-clotting drug we have, some of the intimate details of its chemistry and mechanism of action are still incompletely understood," Kingdon says.

"The information shared by scientists at this conference should help us in the research efforts needed to better use this drug for the treatment of blood-clotting disorders."

The American Heart Association's Council on Thrombosis and Council on Arteriosclerosis and the American Heart Association North Carolina Affiliate were co-sponsors of the conference.

Dr. Denis Gospodarowicz

Investigators in cell biology, who view themselves as pioneers and their science as being in its infancy, gathered at UNC-CH in March for the Fourth Annual Symposium of the Cancer Research Center.

The topic was "The Regulation of Cell Proliferation."

Dr. Judson J. Van Wyk, professor of pediatrics in the cancer center, emphasized that it will be a long time before new ways of treating cancer develop from research into cell growth. But such research, he said, could lead to ways of killing cancer cells with more selectivity than is now possible.

Researchers in cell biology, said Dr. H. Shelton Earp, assistant director of the Cancer Research Center, view their work as important because the cell is "the final common pathway" for cancer, whether the cause is a virus, a chemical agent or something else.

Dr. W. Jackson Pledger, a primary organizer of the symposium, said laboratory investigators have been able to identify mechanisms and growth factors in cell division that were previously unknown. A number of them were subjects of presentations during the two-day meeting.

Among the speakers was Dr. Denis Gospodarowicz, professor of medicine and ophthalmology in the Cancer Research Institute at the University of California, San Francisco.

The division of physical therapy has established three special award funds to honor two professors who retired in 1979 and one professor retiring this year.

The Margaret L. Moore Scholar Award honors the retired professor who established the department of physical therapy at N.C. Memorial Hospital and later founded and was the first director of the baccalaureate program in physical therapy at UNC-CH.

The Mabel M. Parker Award for Excellence in Clinical Education honors the first associate director for basic education in the division of physical therapy. Parker, who retired last year, pioneered the clinical education specialty for physical therapy graduate students and established undergraduate clinical teaching sites throughout North Carolina, Georgia, South Carolina and Virginia.

The Mary Clyde Singleton Art and Science Award is named in honor of the first associate director for graduate education in the division of physical therapy. A professor of anatomy, Singleton is considered an outstanding humanitarian and scholar.

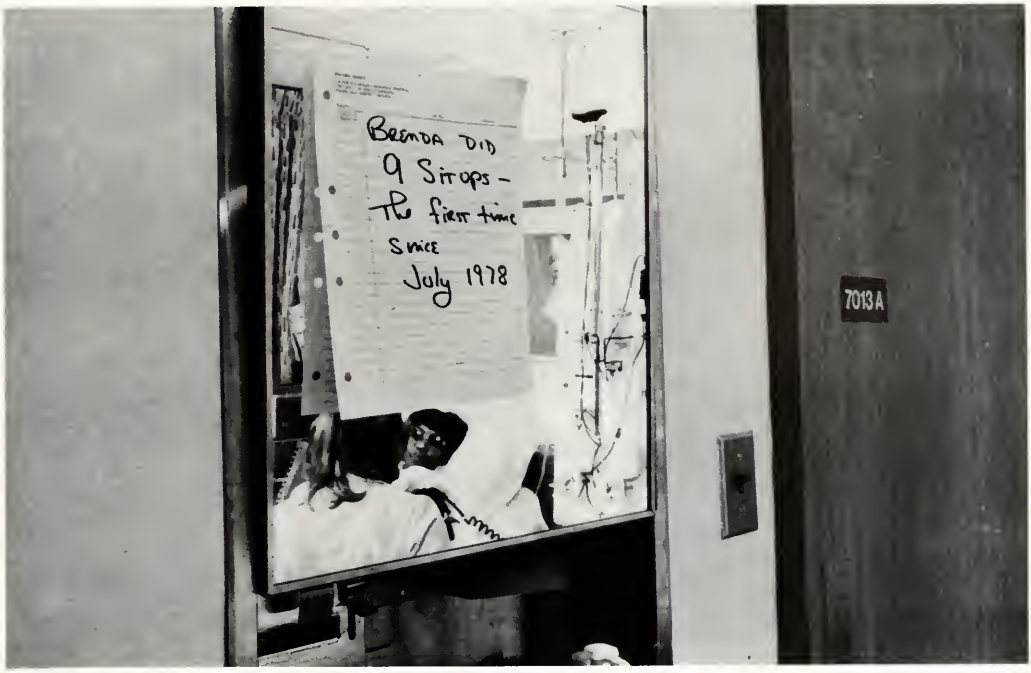
Two members of the School of Medicine faculty have received American Heart Association Established Investigatorship awards.

The recipients, both assistant professors in the department of medicine, are Drs. John T. Gwynne and Richard C. Boucher. Each research grant provides $30,000 over five years beginning July 1.

Gwynne, an endocrinologist, is studying cholesterol and its role in atherosclerosis. Boucher's research focuses on pulmonary diseases such as asthma.

Gwynne earned his bachelor's degree in 1965 from Princeton University, and his M.D. in 1970 from Duke University. Boucher graduated from Yale University in 1966 and from the Columbia College of Physicians and Surgeons in 1970.

Extracts



A few days before this note was written, patient Brenda Scales had not been able to do even one sit-up. The difference was the result of a new treatment for myasthenia gravis, a neuromuscular disease.

A new procedure that removes harmful antibodies from the bloodstream is revolutionizing the treatment of myasthenia gravis at N.C. Memorial Hospital.

It is called plasmapheresis, or plasma exchange. Dr. James F. Howard, assistant professor of neurology, says the process has achieved remarkable results in some patients and shows promise of being able to restore strength and stamina to many others who have failed to respond to more conventional forms of therapy.

The precise cause of myasthenia gravis, an auto-immune disease, is still a mystery. No one has found a cure, and drug therapy has not proved very successful at relieving some patients' symptoms.

During a plasma exchange treatment, blood is drawn from the patient and spun in a centrifuge to separate the various components. Once the antibody-containing plasma is spun off, the remaining blood components are mixed with a protein solution, or artificial plasma, and returned to the patient. A typical treatment in which two liters of blood are exchanged takes about three hours.

Wyeth Laboratories has donated $1,600 to the neonatal intensive care unit at N.C. Memorial Hospital to enable the nursery to buy two Egnell Breast Pumps.

One of the Swedish pumps was already being rented by the unit.

Since most of the infants in the intensive care nursery are premature, they don't have the physiologic maturity to suck a nipple. "But because N.C. Memorial supports the feeding of babies with breast milk," said perinatal nutritionist Denise Londergan, "we are trying to help mothers establish their milk supply until their baby can successfully breast feed."

The babies are fed the expressed milk through orogastric or nasogastric tubes, or bottles, depending on the maturity of the individual infant.

Recent studies have shown that the milk of mothers of premature babies have some nutritional differences from mature breast milk to support the nutritional needs of their babies. Such studies were conducted by School of Medicine graduate Dr. Rebecca H. Buckley (M.D.'58) and her colleagues at Duke University Medical Center.

Extracts

Dr. Thomas S. Miya

Dr. Thomas S. Miya, professor and dean of the School of Pharmacy and professor of pharmacology in the School of Medicine, has been appointed chairman of the School of Medicine's toxicology curriculum.

Miya came to UNC-CH in 1977 from Purdue University, where he was head of the department of pharmacology. Last year he was elected president of the Society of Toxicology and was appointed to the editorial board of the review series Perspectives in Toxicology. He is former president of the American Association of Colleges of Pharmacy, has written more than 100 scientific publications and has been presented awards for his contributions to pharmacy.

The Hanford, Calif., native earned his B.S. in 1947 and M.S. in 1948 from the University of Nebraska and his Ph.D. in 1952 from Purdue University.

N.C. Memorial Hospital has received a $798,000 grant from the Robert Wood Johnson Foundation to help convert its general medicine clinic into a group practice that will provide around-the-clock, personalized care to adult patients on a continuing basis.

N.C. Memorial was among only 15 teaching hospitals nationwide chosen to receive a total of $12 million in grants.

In announcing the grants, Foundation President Dr. David E. Rogers said they will be used to establish model practices for the increasing number of Americans who use hospital clinics as their primary source of medical care.

Dr. Suzanne Fletcher, director of medicine clinics at N. C. Memorial, said most teaching hospitals "have always been good at giving high quality technical, expert care. But now we have to make sure the care we give is also as well-organized, personal and humane as a patient can get anywhere."

Fletcher said the grant money would be used to:

- establish a health maintenance program to ensure that all patients who depend on the group practice for continuing care receive routine preventive health services;
- develop a quality assurance program;
- further develop the hospital's computerized patient information system;
- set up a formal educational program in ambulatory care for medical residents; and
- create a model group practice laboratory.

In an effort to improve the quality of care available to sick newborns all over the state, the School of Medicine offers pediatricians, obstetricians and family doctors an opportunity to receive specialized training in perinatal medicine.

Three times a year, four physicians from various parts of the state come to Chapel Hill to gain new knowledge and practical experience in caring for high-risk infants. Each group of physicians spends two days a week for four consecutive weeks in what has been called a mini-residency program, working with fetal and infant care specialists at N.C. Memorial Hospital.

Dr. Ernest Kraybill, associate professor of pediatrics and ob-gyn and co-director of the mini-residency program, says the emphasis is on anticipating and recognizing problems that can endanger newborns.

"A pediatrician could take the attitude that he doesn't need to know what to do for a premature baby with respiratory distress, because he can send it to a medical center," said Kraybill. "But in fact, the local doctor needs to know how to manage that baby in the first two or three hours of life. So we emphasize early, acute care and how to decide which babies should be referred and which can be handled locally."

Dr. Berch E. Henry II

The American Cancer Society has awarded a $28,000 postdoctoral fellowship to Dr. Berch E. Henry II, a microbiologist in the Cancer Research Center.

Henry came to UNC-CH in September 1979 to join the research team of Dr. Joseph Pagano, director of the center. Henry earned bachelor's and master's degrees at the University of Arkansas in 1972 and 1975, respectively. He completed requirements for a Ph.D. last year at the University of Mississippi Medical Center.

Kidney specialists at N.C. Memorial Hospital have achieved a dramatic increase in the success rate for a majority of kidney transplants by giv-

ing patients a series of blood transfusions prior to surgery.

Since July 1974, 48 patients at the hospital have received cadaver kidney transplants. Based on the experiences of the earliest patients, the projected two-year kidney survival rate for the 14 patients who had at least four blood transfusions in the six months prior to surgery is 83 percent. The projected two-year success rate for transplants in the 34 patients who did not receive transfusions is only 62 percent.

Knowing whether a patient with varicose veins will benefit from surgery is not always easy, says Dr. Steven J. Burnham, assistant professor of surgery. But the vascular laboratory at N.C. Memorial Hospital is now using a new diagnostic test called photo plethysmography, that takes most of the uncertainty out of selecting patients for vein surgery.

Burnham is director of the lab.

If only the veins near the surface of the skin are affected, the symptoms of varicose veins often can be relieved by removing some of the diseased vessels, thereby diverting blood to veins deeper in the leg. But if the deep veins also are diseased, surgery may have little or no effect.

Photo plethysmography involves taping a small photoelectric cell, about the size of a cufflink, to the patient's ankle, Burnham explained. By directing a beam of infrared light into the ankle and then measuring the amount of light that is reflected, the cell can detect changes in the volume of blood in the tissues beneath the skin.

In a healthy leg, the amount of accumulated blood drops radically when the foot is flexed, because constriction of calf muscles helps pump blood up the leg. In a person with varicose veins, however, the amount of pooled blood either changes very little during exercise or returns to the original volume much faster, Burnham said. □

A quick, painless new test is helping physicians at the medical center decide which of their patients with varicose veins could benefit from surgery to remove the diseased vessels.

The birth of triplets is rare enough, but carrying triplets to term is practically unheard of, according to Dr. Robert Cefalo, professor of ob-gyn and director of the division of maternal and fetal medicine. This set of triplets, whose birth weight averaged six pounds, was delivered by Cefalo in April. Their mother had been referred to the medical center by her local physician after he had determined she was carrying triplets. She spent nearly eight weeks at N.C. Memorial Hospital prior to the babies' birth. The two boys and a girl are the first children of Cynthia and Henry Brewington of Godwin.

Human tests of interferon beginning

North Carolina's first human cancer tests of interferon will begin this summer at the University of North Carolina at Chapel Hill.

Interferon is a naturally occurring substance in the body that medical scientists believe may be effective in treating certain forms of cancer.

Dr. John Whisnant of the University's Cancer Research Center said 15 to 20 carefully selected patients, probably with recently diagnosed lung cancer, will receive injections of interferon over a six-week span. He said the interferon trials will not preclude the use, if necessary, of more established and proven methods of cancer treatment, such as surgery, radiation and drug therapy.

Whisnant said the clinical trials in Chapel Hill and elsewhere are a major step in the national effort to learn how interferon acts on human cancers and how future tests of its therapeutic value should be designed.

"What we intend to do is learn more about how to use this material by carefully studying its biological effects in a group of patients we believe will benefit from it," Whisnant said.

Research so far has shown that interferon, which is produced in the body in very small quantities, is effective in preventing or curing certain virus infections. Released by cells that have been attacked by a virus, interferon stimulates neighboring cells to produce anti-virus proteins needed to fight infection.

Tests with laboratory animals and a few preliminary human trials indicate interferon also affects the growth of malignant cells that are not infected by viruses, thus slowing or stopping the spread of some cancers.

Whisnant is a member of a National Cancer Institute committee that recommends how the severely limited amount of available interferon is used and how much is allocated to various research efforts. He stressed that only a portion of the interferon used here will be earmarked for human trials. Much of it will continue to be used in laboratory studies to learn more about its chemical makeup and how it mobilizes cells to defend themselves.

Whisnant is also a consultant to the Burroughs Wellcome Company, a pharmaceutical firm in the Research Triangle Park. The Wellcome Research Laboratories have long been active in interferon research.

"Through our University and Research Triangle Park relationships," Whisnant said, "we hope to establish an ongoing clinical research program with interferon here." □

Van Wyk receives O. Max Gardner Award

Dr. Judson J. Van Wyk, Kenan professor of pediatrics was chosen by the Board of Governors of the University of North Carolina to receive one of two O. Max Gardner Awards for 1980.

The award is presented annually to faculty members of the 16-campus UNC system for contributions to "the welfare of the human race." Also honored this year, in ceremonies held May 9, was Dr. C. Clark Cockerman, William Neal Reynolds Professor of statistics and genetics at North Carolina State University.

Van Wyk has earned a worldwide reputation for his research which has led to improved methods for diagnosing growth abnormalities in children and adults.

The Board of Governors, in praise of his accomplishments, said, "Dr. Van Wyk's arduous and painstaking research led to a remarkable scientific accomplishment: purification of somatomedin (a growth hormone) from blood."

The award, first presented in 1948, was established by the late Oliver Max Gardner, former governor of North Carolina and an instrumental figure in the development of the consolidated university.

Van Wyk, the board noted, has "devoted his life to understanding the endocrine system in children and the nature of diseases which afflict children when the hormonal regulatory system is deranged."

Dr. Judson J. Van Wyk

His citation read in part, "In addition to aiding our understanding of how individual cells divide, how organs and tissues grow, and how statural growth is regulated, his work will influence progress on such diverse problems as the regulation of growth of cancerous cells, wound healing, diabetes and aging."

Van Wyk, in his response to the Board of Governors, expressed his concern that "in only five years time, the number of physicians entering research training has been reduced by over 50 percent."

The lack of funding for biomedical research, he said, threatens future advances.

"Today," Van Wyk said, "none of our young physicians has ever treated a child paralyzed by polio...Acute rheumatic fever is now a rarity, and 10-year survivals are now commonplace in children with leukemia and other forms of cancer.

"Such benefits to mankind, however, cannot be realized, unless we have the will to continue our support of both clinical investigation and the training of new generations of physician scientists."

Van Wyk, 59, is a native of Maurice, Iowa, and earned his A.B. degree from Hope College in Michigan and his M.D. degree from The Johns Hopkins University.

He is a Markle Scholar and a member of the council of The Endocrine Society. In 1962 he was presented a Career Research Award from the National Institutes of Health and in 1976 was presented an honorary Sc.D. degree from Hope College. He was named Kenan professor at UNC-CH in 1975.

Van Wyk, who joined the Chapel Hill faculty in 1955, is chief of the division of endocrinology and director of the training program in endocrinology and metabolism. The board noted in his citation, "Dr. Van Wyk's imaginative approach to scientific inquiry has been the impetus which has launched the careers of more than a score of young pediatric endocrinologists." □

Class notes

Manning-Berryhill Club

R.L. Kesler, '32, is living in Oak Park, Ill., and doing research on the "Role of Folic Acid and Vitamin C on Plasmmogen Activator Synthesis by Endothelial Cells."

Louis Appel, '31, is in Flushing, N.Y. and says he's thinking of his classmates "as the years roll by." He sends all his best wishes.

40s

Robert (Bob) Lackey, '46, Charlotte, is the president of the Mecklenburg County Medical Society.

50s

George T. Wolff, HS '52-53, is director of the Family Practice Center at Moses Cone Hospital in Greensboro and treasurer of the American Academy of Family Physicians.

Hugh C. Hemmings, '54, Morganton, was awarded the North Carolina Public Health Distinguished Service Award last Fall. He says his son, Hugh Jr., is a second-year M.D.-Ph.D. student at Yale.

Julian S. Albergotti Jr., '55, is practicing occupational medicine and is medical director of Southern Bell Telephone and Telegraph in Charlotte. He says he plays an occasional poor game of golf or tennis.

Griggs C. Dickson, '55, practices pediatries at Charlotte Memorial Hospital and Charlotte Presbyterian Hospital. An observer of his recently said, "He must spend a lot of time dancing the way he looks on the dance floor."

J. Eugene Glenn, '55, is living in Jacksonville, Fla., where he practices ob-gyn at Saint Vincent's Medical Center.

Ira D. Godwin, '55, is in pathology and nuclear medicine at American Medical Laboratories in Fairfax, Va., where he also is director of the reference library facility.

Andrew C. Miller, '55, Gastonia, practices family medicine with Gaston Memorial Hospital. He and wife Becky have five children.

Robert Lee Summerlin, '55, Dublin, N.C., practices family medieine at Bladen County Hospital. He is deacon in his local church and enjoys golf and reading, but he says what he does best is "watching ball games on TV and sleeping in the recliner."

60s

Elliott Solomon, '60, is president of the medical staff of White Plains Hospital in White Plains, N.Y., and has an otolaryngology and cosmetic surgery practice in Scarsdale. He says he's been married for 18 years to Susan and they have three children: Scott, 16; Beth, 14; and Nancy, 12. Solomon also says he's a New York supporter of the "Carolina Challenge" and continues to fly his Bonanza and play golf in his spare time.

Robert B. Payne, '60, is a senior cardiologist in an 11-man group of internists in Charlotte. He says that over the last five years he's finished tours of duty as chairman of the department of medicine, chief of staff and voting board member—all at Charlotte Memorial Hospital.

He says it was a pleasure to recently meet old friend and new dean Stuart Bondurant in Charlotte. He says, "It is always a pleasure to keep up with the doings of Jack Kirkland, Bill Blythe and Bill Wood."

Layton McCurdy, HS '61-64, has been appointed to one of 12 seats on the National Advisory Mental Health Council. He is professor and chairman of the department of psychiatry and behavioral sciences at the Medical University of South Carolina and medical director of Fenwick Hall, a new drug and alcohol abuse rehabilitation center on Johns Island.

Mario M. Stone, '62, was a visiting professor and guest speaker at the 25th anniversary of the Venezuelean Orthopaedic Society and was made an honorary fellow of the Society in October.

W.D. Kerr Jr., HS '63-65, and his wife Susie, Glencoe, Ill., are the parents of a Broadway actress. Laura, their youngest of five children at 10, is playing an orphan in the musical "Annie." Kerr says Susie is housekeeping in New York City while Laura performs.

Grady Hendrix, HS '65, was promoted to professor of medicine at the Medical University of South Carolina in 1979. He says he was on sabbatical in London during 1979 doing nuclear cardiology.

David B. Marcotte, HS '67, is a professor of psychiatry and family practice at the Medical College of Wisconsin, Milwaukee.

Howard D. Homesley, '67, Winston-Salem, is president of the Society of Memorial Gynecologic Oncologists and served as president of the Forsyth County Unit of the American Cancer Soeiety for 1979-80.

70s

Michael A. Moore, '70, had an artiele, titled "Hypertensive Emergencies," published in the Mareh 1980 issue of American Family Physician. Moore is in private practice in Danville, Va., and is an assistant elinical professor of medicine and nephrology at the Bowman Gray School of Medicine.

Jerald P. Lane, HS '70, has been appointed chairman of the department of psychiatry at Charlotte Memorial Hospital.

Peter R. Bream, '72, says he's been spending the last four years in Birmingham "enjoying the local sailing and winning football teams," but he still says "GO HEELS." He's working as an associate professor in cardiac radiology at the University of Alabama Medical Center.

G. Dean Wilson Jr., '72, moved to mountainous Johnson City, Tenn., 1½ years ago after leaving the Army. He's practieing neurology and wife Janine opened a Montessori pre-school, where she's working as an administrator. Their son Ashley is in the fourth grade and Ryan is in the Montessori school. "Come skiing or vacationing and stay with us," he says.

Donald C. Nagel, '72, Asheville, participated in "Hypnosis in Family Medicine" at the annual workshops and scientific session of the American Soeiety of Clinical Hypnosis in San Francisco in November.

Donald W. Floyd, HS '74-75, is an orthopedic surgery resident at the University of Texas Health Sciences Center in San Antonio after spending three years as a flight surgeon with the Air Force in Germany.

John P. Manzella, HS '74-77, says he's joined the division of infectious diseases at York Hospital, York, Pa.

William Paul Sawyer, '75, is currently in the urology training program at the University of Florida Medical School in Gainesville.

Jo Ann D. Jones, '76, completed a four-year residency in internal medicine and dermatology at the Mayo Clinic in Rochester, Minn., in June. Husband Carl and son Derek (now 4) are doing well, she says. "I have loved the training at Mayo, but we will be happy to leave the long, frigid winters here."

Kenneth Lampert, '76, is currently a nephrology fellow at the University of Wisconsin, where he's "surviving the Wisconsin winters (a bit more severe than in North Carolina)."

Howard Stang, '77, is finishing his pediatric residency in Minneapolis after two years

in Salt Lake City. He says he plans to accept a pediatric fellowship next year in Minneapolis - St. Paul and do some research in chronic pulmonary disease.

John C. Draeger, HS '77, accepted a new position this spring at Columbus State Psychiatric Hospital in Ohio.

James S. (Jim) Wells Jr., '78, recently moved to the country, south of Hillsborough, and says he'd enjoy having old friends drop by for a visit.

Thomas Lee (Tommy) Pope, '78, is a second-year radiology resident at the University of Virginia Medical Center in Charlottesville, where he also is vice president of the housestaff. His wife Louise is teaching high school English in Orange, Va.

Dennis E. Mayock, HS '78, is finishing a neonatal fellowship at the University of Washington, Seattle.

Lewis L. Lanier, '78, is at the University of New Mexico School of Medicine, Albuquerque, where he has received a postdoctoral research fellowship grant from the Damon Runyon-Walter Winchell Cancer Fund.

Susan T. Snider, '78, a family practice resident at the Mountain Area Health Education Center in Asheville, was among 18 recipients of a $1,200 award from the American Academy of Family Physicians to help finance her graduate training in family practice.

Charlie Barrier, '79, says he's busy at the VA Hospital in Birmingham, Ala., where he thinks the housestaff is quite amiable. Wife Ginger is happy in her job as a pharmacist at a nearby retail store. They invite anybody passing through to "feel free to drop in."

Jeff Buckwalter, '79, says the surgical internship at Yale is challenging and enjoyable. He and wife Mary Jo have enjoyed living in the New Haven area and look forward to the next few years, they say. They have especially enjoyed owning their own home.

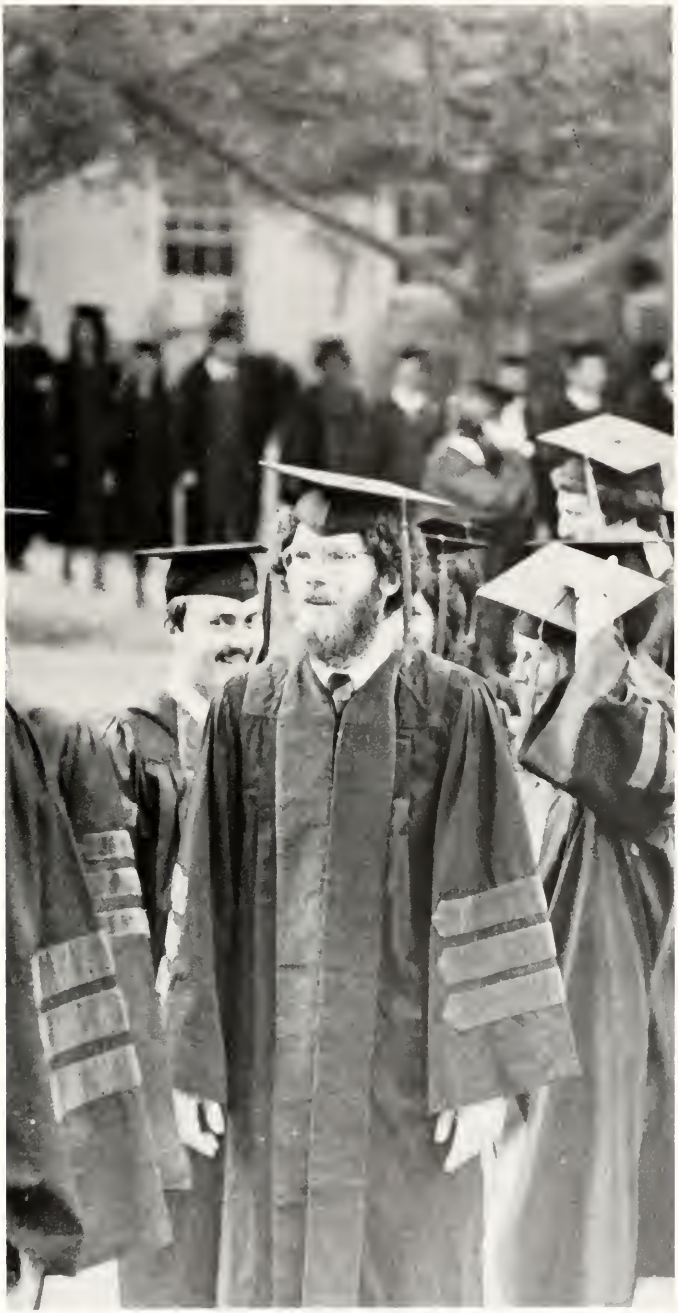
Doug Delong, '79, and his wife had a baby boy, Colin, two weeks after graduation. "The Mary Imogene Bassett Hospital in Cooperstown, N.Y., is for me," he says. "Nobody makes any really rude remarks about my ties, and flannel shirts are definitely 'in.' "

Sharon Foster, '79, a pediatric-medicine resident in Chapel Hill, says, "Internship thus far has been a love-hate experience for me. I love what I'm learning, but I hate the long hours, the lack of sleep, the free-floating anxiety, etc."

John Lafferty, '79, says he's enjoyed his internship in East Grand Rapids, Mich. Wife Laura is a secretary in the hospital, they have bought a home, and he says he even had time to win the annual hospital tennis tournament.

Tracy Steeper, '79, says Minneapolis is a beautiful and "upbeat" city with lots to do, inside and out. "Pathology is turning out swell for me—terrific teaching—and unbelievable cases," she says.

Stan Williams, '79, says "Outside of Chapel Hill, Charleston is the place where Peggy and I would recommend anyone to live. The beach, great food, culture and Southern hospitality are just several of the reasons to live here."



From the Office of Continuing Medical Education and Alumni Affairs

The stresses placed upon all universities and especially schools of medicine during the next decade will undoubtedly be great. These will come first in the form of financial strains. Indeed these are already being felt as federal manpower legislation is changed and capitation funds are lost. However, this goes beyond loss of funds for medical students. As support for programs in health sciences graduate programs is reduced and graduate students are lost, this also poses potential threats to state budgetary funds.

The national attitude seems to be that there will soon be an excess of physicians due to overbuilding and overexpansion of medical schools and class size. This was accomplished, of course, through federal and state governmental overreaction to a perceived physician shortage in an expanding total population. One can only hope the reaction to the current interpretation will not be excessive.

In any event there will be many pressures for the medical schools to make changes, some appropriate, some misdirected. I can assure you our dean, his staff, departmental chairmen and many others in the faculty are acutely aware of national needs, trends and predictions. Indeed it is unlikely there is anyone in the governmental field or medical education who is more aware of or more acutely concerned with these factors than Dean Bondurant through his national position in both education and medical practice organizations.

There will be efforts from outside the profession and outside of education to make changes in curriculum, emphasis and direction of the school's efforts. The School of Medicine will need the support and advice of its alumni and friends to a greater degree than any time since the rapid growth years in the 50s and 60s. Greater monetary support for special programs and activities will be needed. The School of Medicine has increasingly recognized its role in assistance to the practicing physician and health professional. In order to meet these needs our alumni and friends will be called upon to support a larger portion of the financial requirements and represent the school to others.

Our school has more than 3,000 living alumni. Through understanding and cooperation we can continue to strengthen our bonds and help meet all our objectives even in a period of less growth or lessening of governmental support.

The Alumni Association has a strong group of officers and Bill Blythe, as president, will lead an active year of medical school service. Each of us owes Bill our fullest cooperation and support.

—William B. Wood, M.D. '56
Director of Alumni Affairs

Calendar

August

4-8	Myrtle Beach Workshop in Medicine	Myrtle Beach, S.C. Myrtle Beach Hilton

September

12-13	Intraocular Lens Workshop	Berryhill Hall
20	First Annual UNC Symposium on Sarcoidosis	Carolina Inn

October

10-11	Hypertension - 1980	Asheville, N.C. Grove Park Inn
23-24	Texas Club of Internists Fall Clinical Meeting	Berryhill Hall
30-Nov. 1	Malignant Disease Symposium	Clinic Auditorium

November

10-13	Update in Cardiovascular Disease	Pinehurst, N.C. The Pinehurst Hotel
14	**Medical Alumni Visiting Committee Meeting**	**School of Medicine**
15	**Medical Alumni Fall Council Meeting prior to UNC-Virginia football game**	**Carolina Inn**

December

1-2	Comparative Ophthalmic Pathology Symposium	Clinic Auditorium

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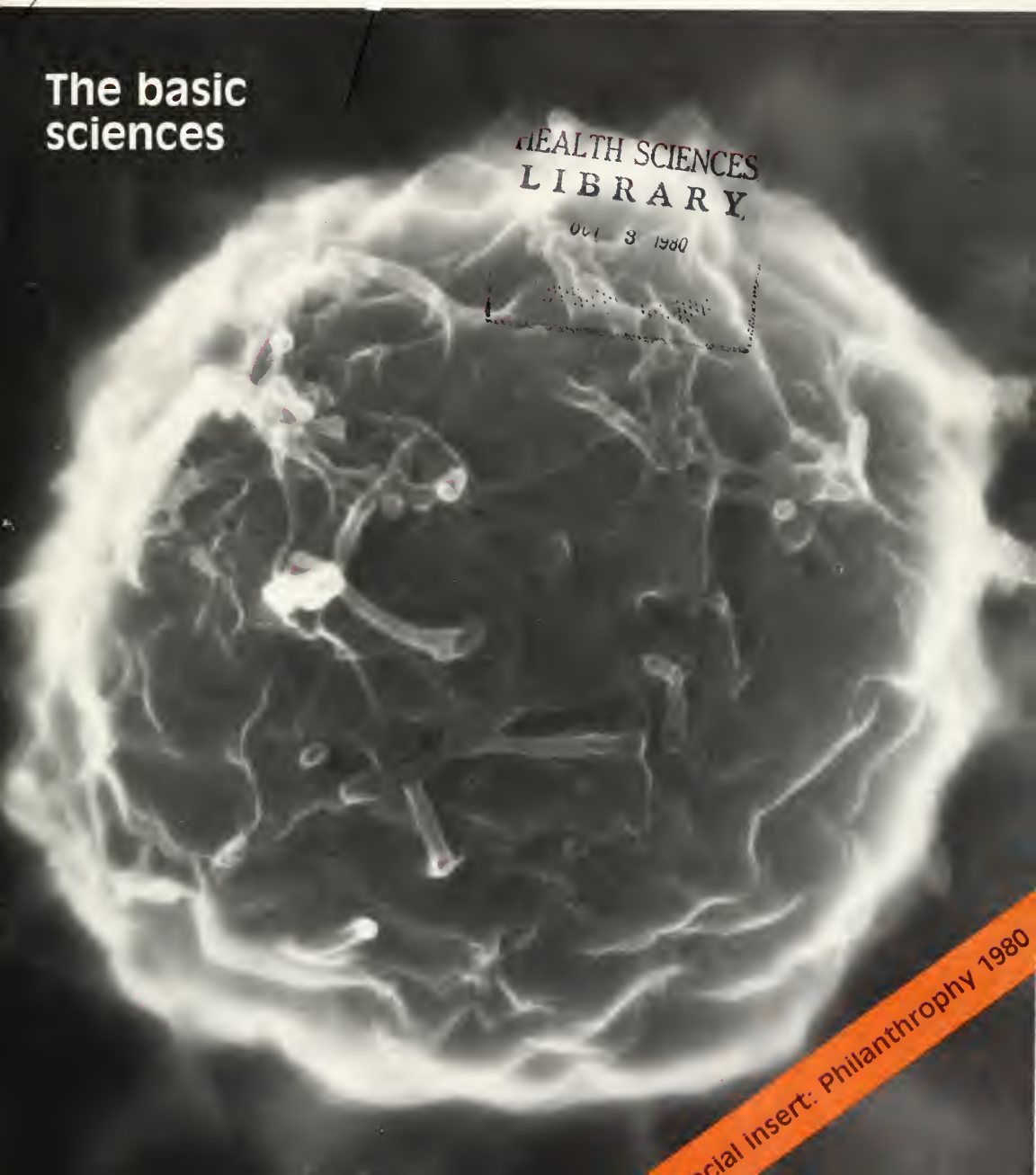

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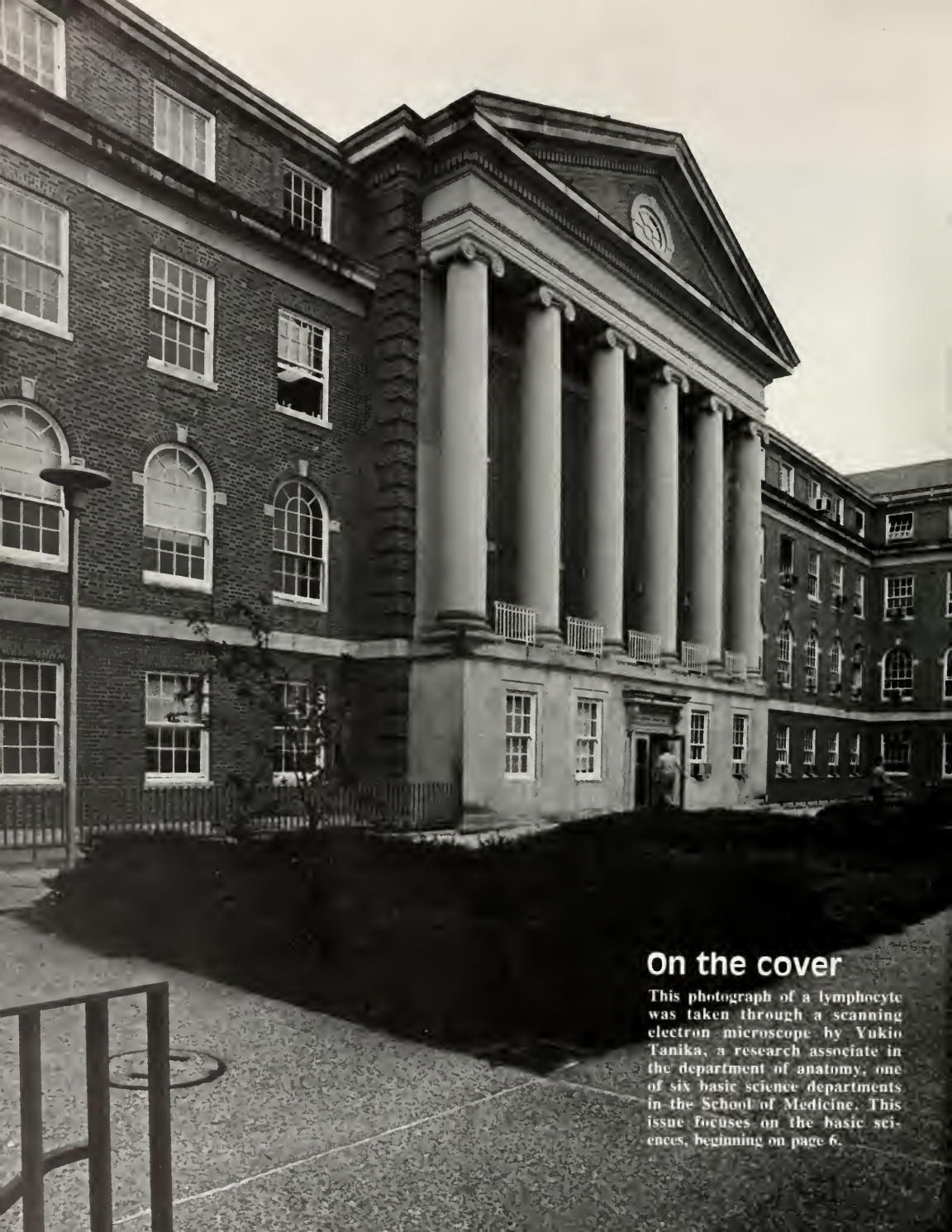

On the cover

This photograph of a lymphocyte was taken through a scanning electron microscope by Yukio Tanika, a research associate in the department of anatomy, one of six basic science departments in the School of Medicine. This issue focuses on the basic sciences, beginning on page 6.

Medical Alumni Bulletin

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NCMH gets new general director

Eric B. Munson, former director of the University of Colorado's teaching hospital in Denver, is the new general director of North Carolina Memorial Hospital.

Munson's appointment was announced by hospital Board Chairman E.O. Anderson Jr. of Charlotte, who said the decision ended a 2½-month search that involved more than 190 candidates for the position. Munson assumed his duties at N.C. Memorial early in the summer.

The 36-year-old administrator said he was attracted to his new position by the "professional challenge of dealing with a larger facility with a cleaner table of organization. I also was quite impressed with the caliber of people and the reputation of the hospital across the state."

N.C. Memorial's new chief executive officer had been associated with the University of Colorado's hospitals and school of medicine since 1973. As director of the University Hospital in Denver, Munson served as chief executive officer of the major hospital in the University of Colorado Health Sciences Center. He has also held faculty appointments in preventive medicine at the University of Colorado, and in the hospital and health administration program of the University of Minnesota.

Prior to moving to Denver, he was assistant director of the University of Chicago Hospitals and Clinics and administrator of Wyler Children's Hospital in Chicago. Munson also served three years as a lieutenant in the Navy Medical Service Corps and was an administrator in naval hospitals at Camp Pendleton, Calif., and Agana, Guam.

He earned the M.B.A. degree from the University of Chicago Graduate School of Business in 1967 and the B.A. degree from Wabash College, Crawfordsville, Ind.

He is married to Annette Munson and they are the parents of two children.

Behind the lines

A large dictionary near the editor's desk says a basic science is "any one of the sciences fundamental to the study of medicine." Readers of the *Bulletin*, of course, know of the basic sciences' fundamental role in medical education from firsthand experience. What may come to mind less readily is that the basic science departments in the UNC-CH School of Medicine play a significant role in university-wide education, including graduate education. Many of our readers are, in fact, basic scientists who have earned graduate degrees at UNC-CH in anatomy, bacteriology and immunology, biochemistry and nutrition, biomedical engineering and mathematics, genetics, neurobiology, pathology, physiology, or pharmacology.

This issue focuses on the basic science departments. We've included a conversation with Dr. Phil Manire, who speaks from 30 years of experience as a faculty member, department chairman and now dean of the Graduate School. And there are a number of other items about the basic science departments we think you'll find interesting and informative.

In the center of this issue, there's a special philanthropy supplement including the names of 1979-80 contributors to the Loyalty Fund and members of the Co-Founders Club. We hope your name is there, and if not, that it will be next year.

We lead off with a feature about a remarkable man who's one of our oldest living alumni (and he's still in practice). His name is Dr. Newman, and his story begins on the next page.

—JWB

After 65 years, principles nurtured in Chapel Hill still guide physician's life

In just 90 years, Samuel Newman has accomplished more than most people do in a lifetime.

Blessed with a double helping of talent, drive and original ideas, his life has been one of extraordinary achievement and exceptional service to humanity.

Who is Samuel Newman?

Sigmund Freud knew him as a bright young student of psychoanalysis.

Martin Luther King Jr. found him to be a friend in the midst of enemies.

To his neighbors in Danville, Va., he is the man who has taken care of their children for 57 years.

Born in Poland, Samuel Newman came to the United States when he was 19. His medical training began at the University of North Carolina in 1912.

But it was not the lessons in anatomy and physiology that made the most profound impressions on Newman during his three years in Chapel Hill. Rather, it was the intellectual excitement and stimulation of the place. He found it exhilarating.

It was in Chapel Hill that he came to know "some of the leading thinkers of the day, like Frank Graham, Horace Williams and Bob House. They took me under their wing and admitted me into their literary society."

To the young immigrant Jew, this sign of acceptance was highly symbolic.

'I was an innovator of medicine. I had to shove ideas of progress in medicine down the throats of Southern conservative doctors. The doctors here respect me and listen to me, but I'm not one of their group. They call each other Jack and Bob and Harry. But nobody calls me Sam. I'm Dr. Newman.'
—Samuel Newman M.D., '15

"It was an example of Americanism at its best," he recalled recently, "embracing outsiders and honest, forward thinkers."

Newman immersed himself in the intellectual oasis that was Chapel Hill before World War I. He founded the Hebrew Culture Society at the University and was awarded the Hunter Lee Harris Gold Medal for "outstanding literary excellence."

The young Newman learned medicine, to be sure. But he also absorbed the lessons of racial equality and religious tolerance that were being taught by his new friends, the progressive philosophers of the New South. Those principles, embraced more than a half-century ago, still provide the impetus and guidelines for Newman's devotion to the three loves of his life: medicine, civil rights and religious dialogue.

Samuel Newman left Chapel Hill in 1915 to continue his medical education at the University of Virginia. But he found the atmosphere in Charlottesville slightly less conducive to forward thinking.

"At UNC, we were looking ahead, not back, while Virginia was trying to preserve the aroma of the old South."

Newman received his M.D. degree in 1917.

After serving three years in the medical section of the U.S. Army's Officer Reserve Corps, he resumed his education. He studied in Warsaw, Berlin, Paris and Vienna, where he had 12 lectures with Sigmund Freud.

Returning to this country in 1923, he was persuaded by his wife to settle in Danville, her home town.

Newman quickly found that acceptance was harder to come by in Danville than it had been in Chapel Hill. A Jewish intellectual in a conservative, mostly Protestant, Southern town, he encountered prejudice and mistrust.

But he had something the town needed: modern ideas about medical care. And the people of Danville

Dr. Samuel Newman in the office where he began in 1923 to "make my living by miracles."

gradually came to realize that the health of their children was more important than their bigotry.

"When I came, the South was terribly behind in medicine. I had to make my living by miracles," he said matter-of-factly.

One of his "miracles" was the first blood transfusion given to a child in the state of Virginia. Later, he became the first physician in the state to maintain a blood bank in his office. And he was the first certified pediatrician in the state.

Another miracle Newman performed was the successful operation of an integrated health clinic for children, a clinic that is still open and now bears his name.

"I was an innovator of medicine," he said, without a hint of false modesty. "I had to shove ideas of progress in medicine down the throats of Southern conservative doctors."

Today, Newman is revered by his colleagues, who have long since acknowledged his medical genius. But, in a sense, he is still an outsider to the medical establishment, more a teacher than a friend.

"The doctors here respect me and listen to me, but I'm not one of their group. They call each other Jack and Bob and Harry. But nobody calls me Sam. I'm Dr. Newman."

While helping to revolutionize the practice of medicine in the South, Dr. Newman established himself as both a human rights activist and a religious scholar.

He not only treated black and white children in the same clinic, he was an outspoken advocate of public school desegregation.

Against the advice of friends and in defiance of threats by local members of the Ku Klux Klan, Newman welcomed Martin Luther King Jr. into his home when King visited Danville in 1963. The next morning, the front of the Newmans' white, Georgian-style

Doctor's dialogue

"Say Jack," instructed the stoop-shouldered old man as he shuffled forward.

The young boy's eyes showed incomprehension and fear. He tried to retreat.

"Say Jack," the old man persisted, grasping the boy's arm. "Jack," the boy said weakly.

Satisfied, the old man pressed on. "Now, say Jill," he urged a little more gently.

"Jill," responded the boy, his voice growing stronger.

"Now Jack," shouted the old man.

"Jack," repeated the boy.

"Jill!", the man demanded, picking up the tempo.

"Jill!" hollered the boy.

"Did you feel anything?" asked the old man, casually tossing the used syringe into a wastebasket.

"No," whispered the boy in amazement, a broad grin sweeping the anxiety from his face.

"You see," Dr. Samuel Newman said after the boy had left, "you just have to use a little psychology."

house in downtown Danville was splattered with black paint.

Fiercely proud of his Jewish heritage, Newman became an authority on the history of Jews in medicine. He was a strong supporter of the Zionist movement after World War II and in 1954 was honored by the new nation of Israel for his service as chairman of the Israel Bond Organization in Virginia. Hebrew Union College made him an honorary Doctor of Hebrew Letters.

A prolific and persuasive writer, Newman has authored dozens of essays for newspapers and religious publications on Judeo-Christian relations. He has made a personal crusade of promoting religious tolerance and understanding.

"I've always wanted to help bridge the chasm of 2,000 years between Jews and Christians. So, in order to enter intelligently and effectively into religious dialogue, I became an expert in Christianity."

To get firsthand instruction, and to demonstrate his sincerity, Newman attended Sunday school at the largest Episcopal Church in Danville for several years. He found the experience so rewarding that he recently donated a stained glass window to the church.

In 1970, the National Council of Catholic Men awarded Newman a Certificate of Recognition "in grateful appreciation of significant contributions and support."

Other religious groups have honored Newman for his service. He has received awards from civil rights organizations and medical groups. This spring, shortly before his 90th birthday, he received the University of Virginia's prestigious Thomas Jefferson Award.

But the honor of which he is proudest was not conferred by doctors or scholars. It is the Kiwanis Citizenship Award, presented to him by the Danville Kiwanis Club in 1974.

To Newman, the award was tangible evidence that the pushy, intellectual, immigrant Jew had been accepted, finally and fully, by the people he lived with and served.

And it reaffirmed his belief that "a person can go anywhere and do anything, provided his motive is honorable." □

Dean's Page

It is especially timely for this issue of the *Medical Alumni Bulletin* to highlight the basic science departments of the School of Medicine. In the last few years there has been appropriate concern with a number of factors which determine access to health care—the building of new medical schools and increase in the size of existing schools, dispersal of medical education into communities, the development of several new types of health care disciplines, emphasis on the education of primary care physicians and some experimentation with change in the health care system itself.

Almost unnoticed by some, the basic science disciplines and departments have been very much a part of many of these developments and at the same time, advances in the basic sciences themselves promise real change in the tools of medical and health care practice.

The basic sciences are still indeed basic to both medical education and practice as we know them. Certainly, one of the characteristics which distinguishes the physician from other health care providers is the scope and depth of knowledge of the basic sciences which underlie his or her professional currency. Other health care disciplines are based on more selective foundations in basic biomedical science.

Our school has a solid and substantial commitment to its basic science departments. Of course, this commitment has historical roots but in addition it has compelling current causes, a few of which I would like to list: The basic science departments are a proven and fertile source of advancement of both basic and clinical science; the basic science departments bridge theoretical and applied biomedical science to help assure early and appropriate clinical application; the basic science departments are an important source of faculty development, for both new and established faculty and for both basic science and clinical faculty; the basic science departments are an important source of support for the clinical investigator and for the training of young clinical investigators; the basic science departments are among the most important factors in sustaining the scientific quality of medical education; the basic science departments provide the principal basis for sustaining the scientific practice of the physician as distinguished from empirical or technical practice; the graduate programs of the basic science departments offer young people access to master's and doctoral degrees and careers in the government, industry or academe in the biomedical sciences. Finally, the basic science departments are the most direct and functional linkage between the medical school and the rest of the academic community.

By every standard, our basic science departments are outstanding. With great traditions, strong leadership and great faculty, their teaching is distinguished and their widely recognized research influences health care all over the world. It is a pleasure to join in this recognition of the faculty of the basic sciences departments of the School of Medicine.

Stuart Bondurant

Bulletin interview with Dean Manire:

Graduate programs have unifying effect on basic science departments

(Dr. G. Philip Manire earned his Ph.D. degree from the University of California in 1949 and was appointed to the UNC-CH faculty in 1950 as assistant professor of bacteriology and immunology. He was promoted to associate professor in 1951 and professor in 1959. Manire was named Kenan Professor in 1971.

(He served as chairman of the department of bacteriology and immunology from 1966 until 1979, when he was appointed university vice chancellor and dean of the Graduate School.

(We talked with him recently in his South Building office and he shared his perspective on the role of the basic science departments in the medical school and the university.)

BULLETIN: When did you first come to Chapel Hill?

MANIRE: I joined the faculty of the department of bacteriology and immunology in 1950. Two of us came that year. Dr. Straughn and Dr. MacPherson were here, so we were four during that year. Dr. Cromartie came the next year and the department started its growth toward meeting the responsibility of a four-year medical school in addition to teaching dental and other students.

BULLETIN: With the establishment of the four-year medical program, how did the basic science departments change?

MANIRE: Well, growth was the main thing. They had more space and more faculty members. The departments had three to six faculty members each when I came here, and now they average 20-25 faculty members.

BULLETIN: Are there the same number of departments?

MANIRE: Yes, same number. There have been new programs in the basic sciences, but still the same departments: anatomy, biochemistry, bacteriology, physiology, pharmacology and pathology. Pathology's both clinical and basic science, but here it's always been a very strong basic science department.

BULLETIN: What are the new programs?

MANIRE: The first graduate program that was interdisciplinary and really developed strength was the program in genetics. This must be about its 20th year. Dr. John Graham was the first director of that program and has continued to be so. It has received nationwide attention and has had many excellent students. And it is an enormously valuable program, because it formed a model for interdisciplinary programs across the campus.

There are in arts and sciences many curricula that are interdisciplinary or at least interdepartmental. Comparative literature is an example. Some of them actually have faculty members assigned to them—in fact most of them do—but genetics established a new model in which no faculty members are assigned to it, but faculty members from all across the campus can be members. In other words, the genetics curriculum does not pay anybody's salary. It is interdisciplinary in that people in botany, zoology, public health, microbiology, biochemistry, medicine, pediatrics, etc.—faculty members from each of these participate.

This really formed the model system. Many schools have genetics departments. Our approach is much stronger—at least it has fostered genetic research in many departments.

The second one of these new programs that was established was the curriculum in biomedical engineering and mathematics. That's been lower profile and more highly specialized. It's had fewer students than genetics, but it's a very good program. It's interesting that it's centered primarily in the department of surgery. They have provided much of its support.

Then about 15 years ago the program in neurobiology was established. It has people from a wide variety of departments on the campus that participate in the curriculum. It is a degree program and it is centered around training grants, which is true of the genetics program also. The current director of the neurobiology program is Pierre Morrell, a professor of biochemistry.

The newest one of the interdisciplinary programs is toxicology. Although the chairman is in the School of Pharmacy, large numbers of people in the medical school are part of the curriculum.

BULLETIN: Has the role of the basic science departments in medical education here changed?

MANIRE: The first year in medical school is still overwhelmingly taught by the basic scientists. The second year some of the basic sciences are very heavily involved; some are not. The overall teaching responsibilities are not too different from what they were before 1970, when we introduced a new curriculum in the medical school, and departed from departmental courses. Before that time bacteriology had a major one-semester course in the fall of the second year. We then moved to an interdepartmental teaching with course directors and people from several departments.

Dr. Manire: The basic science departments' continuing close relationship with the rest of the university has facilitated the transition into modern graduate education.

At the same time the teaching of medical students became more expert, or at least involved experts to a much greater extent. I came here as a virologist, and yet the first 20 years I was here, I spent a great deal of time with the medical students in the laboratory in basic microbiology, general immunology and bacterial and viral diseases. I was with them all through the semester. Well, with the new curriculum that ended.

All the immunologists descend on the students now for two weeks and then go away. All the virologists descend on them for two weeks and then go away. All the bacterial disease people descend on them for three weeks and then go away. And there's some overlap. But as a response to this, the medical students rarely identify with the basic scientists anymore. And this may be related to the fact that the number of physicians who go back into the basic sciences as academic scholars has been decreasing rapidly. This decrease in physicians going into the basic sciences has worried many people, including the National Institutes of Health.

At the same time this occurred we began to develop our graduate programs. We got many federal grants for trainees. The department of bacteriology went from 10 or 15 up to 45 graduate students, and other programs grew in the same way.

So I think the graduate programs play a very different role in the basic sciences, as far as the departments are concerned, than they did in the early years. It has a unifying effect for the department because it's the one place that brings their faculties together. Each of the departments is composed of specialists in various areas, and when all of them were together in teaching a class of medical students, this gave them a common effort. But now the common effort is primarily in graduate education.

BULLETIN: There have been some distinguished graduates of the basic science programs, haven't there?

MANIRE: Yes, the basic science departments have had some very distinguished graduates. I hope in the coming months the *Bulletin* will have an opportunity to profile some of these.

BULLETIN: As a matter of fact, profiles of some highly respected basic science grads are now being planned. The basic science faculty also is highly respected, isn't it? Several members, yourself included, have been named to distinguished professorships.

MANIRE: Dr. Billy MacNider was one of the early Kenan professors, but it was sometime later before many people in the medical school were seriously considered for this recognition. Now they seem to be more accepted generally as members of the university faculty than when I first came here.

It still was a surprise to me that I as a person who had spent his entire professional life in the medical school, was asked to become dean of the Graduate School, which has responsibilities over the whole campus. In fact, that seems to me to mean that graduate education in the medical school departments has assumed university-wide interest and importance. It is much easier than it was 10 or 20 years ago for academic communities across the country to accept people whose careers have been in medical schools.

BULLETIN: How does the role of a medical school department chairman compare with those in other university departments?

MANIRE: In the medical school, the department chairman is viewed very differently than they are in arts and sciences and the rest of the university. It is a position of somewhat more authority, more freedom and is considered a semi-career appointment, not a term appointment. In general most of the departments in the rest of the university act as a community of scholars and the chairmanship is a temporary arrangement whereby someone does the work when decisions are made—in committees and such. But in the medical school, the chairman is a central figure—there's no question about it—much more so than in the rest of the university.

BULLETIN: What role do the basic science departments have in university-wide education?

MANIRE: From the time medical courses were first taught here and until they moved over to the hill, the basic science departments were housed on the main campus and gave instruction

in many areas of the university. When I joined the department of bacteriology, it had university responsibility for teaching the dental students, pharmacy students, nursing students, public health students. Most of the basic science departments still do teach large numbers of arts and sciences students, pharmacy students and other undergraduates. The bacteriology department teaches some 500 to 600 undergraduate students each year. This has given the departments a closer relationship with the rest of the university than most medical school basic science departments have had. This has made the transition into modern graduate education simplified somewhat.

BULLETIN: During the earlier years you mentioned, were the basic science departments involved in reseach as well as teaching?

MANIRE: The medical school up until 1950—well, up until 1946, and on into the early 50s—did not emphasize research particularly. Research was a very honorable thing to do. Dr. MacNider was widely recognized for his studies. But there was no real research-oriented department until 1946, when Ken Brinkhous really began a modern research department.

A few years earlier John Ferguson had begun to be involved in research in physiology. He was an excellent scientist and he brought in numerous people who have continued to do research. This trend moved ahead further with Dr. Brinkhous who brought the idea of a department whose emphasis was a research department rather than purely a teaching or service department.

MacNider was a very active, energetic researcher and he got into some important areas, but it was purely an individual marching along, whereas the Brinkhous style was a much more modern approach with teams of researchers attacking a major problem. Dr. Butler came in 1950 and brought to pharmacology a greatly increased interest in research on a much more modern basis. And Dr. Munson who succeeded Dr. Butler developed pharmacology on an even broader base, with more faculty to do so.

Beginning in the early 1960s, microbiology rose in prominence. We began to bring people here who viewed their lives as researchers who did teaching rather than teachers who did some research. Physiology was a relatively small department with separate researchers until about 10 years ago when Ed Perl came here from Salt Lake City. He began to develop a group on the basis of neurobiology and it is now a well recognized research department in that area.

And I believe at the present time—and I told each of the prospective deans that came here last year—the basic science departments are in very good shape as they are strong, well-integrated departments with clear programs and good leadership.

BULLETIN: The basic science departments seem to have a good record of attracting prominent faculty members.

MANIRE: The most exciting thing that's happened in the basic science departments in the past 15-20 years is in recruiting. If we put out a notice in bacteriology that we're looking for someone, we get 100 or more applicants. And, during the years I was chairman, once we winnowed this list down to the top two or three people, we never had to start all over again. They like to come here. The other thing that's exciting about the place is that people don't want to leave here. I think there are 28 people who have appointments

(Continued on page 13)

Interdisciplinary degree progams in the basic sciences

The curriculum in genetics was established to provide an integrated program of study in a field which is one of the most rapidly developing areas of modern biology. Genetics is recognized as being basic to the understanding and theoretical study of many aspects of biology.

Faculty members of the genetics curriculum are involved in many areas of research including bacterial genetics, microbial genetics, immunogenetics, human and medical genetics, cytogenetics, biochemical genetics, tissue culture, behavioral genetics, anthropological genetics, statistical and population genetics, *Drosophila* genetics, cell biology, molecular biology and neurobiology.

About 30 students are working toward a Ph.D. in genetics and there are six postdoctoral fellows in the program.

The biomedical engineering and mathematics curriculum offers programs leading to a master of science and a Ph.D. degree. Biomedical engineering and math encompasses a relatively new field, stressing the application of engineering techniques, mathematical analysis and computers to biomedical problems.

Dr. Norman A. Coulter Jr., professor of surgery and physiology, is director of the curriculum.

The neurobiology program involves members of a number of medical school and university departments, as well as the curricula in genetics and biomedical engineering. The field of neurobiology encompasses both scientific investigation and teaching, focused on the nervous system and its relationship to the mind, body and behavior.

Four students are accepted each year into the program which leads to a Ph.D. degree. Students are trained to have basic competence in neuroanatomy, neurochemistry, neuropharmacology, neurophysiology and neuropsychology.

There are about 20 students in the five-year program.

The curriculum in toxicology was established in 1979. Toxicology is concerned with adverse effects of chemicals on living organisms.

The four-year program includes a core in biochemistry, biostatistics, epidemiology, pathology, pharmacology, physiology and toxicology. The curriculum is designed primarily for students planning to obtain a Ph.D. degree. A master's degree may be obtained only under special circumstances.

The chairman of the toxicology curriculum is Dr. Thomas S. Miya, dean of the School of Pharmacy and professor of pharmacology in the School of Medicine.

Philanthropy 1980

"Giving to the Loyalty Fund is like repaying a loan," Dr. Durwood Tyndall, '54, told members of the Medical Alumni Association last spring. The immediate past chairman of the Loyalty Fund campaign explained, "Everyone in a sense is on scholarship because it costs so much more to educate a medical student than is covered by tuition."

The 1980-81 drive is now under way. Dr. Lawrence M. Cutchin, '62, chairman of this year's campaign said he hoped former house staff and faculty members would join alumni in making this a record year for the Loyalty Fund.

Through the Loyalty Fund, alumni and other friends provide support for special projects and unforeseen needs of the School of Medicine.

Since 1966, many alumni and friends of the medical school have helped meet the school's need for unrestricted funds by participating in the Co-Founders Club. Co-Founders Club members contribute $1,000 or more annually. Nearly half the current Co-Founders are alumni.

1979-80 Loyalty Fund and Co-Founders Club contributors are listed on the following pages. Every effort was made to ensure accuracy, but if errors or omissions have occurred, the editors apologize in advance. Both lists are arranged by classes, with special categories for house staff and non-alumni contributors.

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The following Loyalty Fund contributors have provided support for student aid, research projects, special needs of the dean's office and alumni programs:

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Cancer center building named for Lineberger family

The Board of Trustees of the university has approved naming of the building which will house the Cancer Research Center at the School of Medicine in honor of a family whose ties with the university go back to the 1920s.

The building will be called the Lineberger Cancer Research Center.

The Lineberger family of Belmont pioneered in the textile industry. Eleven members of the family graduated from UNC-CH between 1921 and 1968 and have been active in a number of the university's supporting organizations.

The Lineberger Foundation, established in 1944, has pledged $1 million to the Cancer Research Center Building Fund.

"The Linebergers are highly respected citizens of our state and loyal alumni of the university," said Dr. Stuart Bondurant, dean of the School of Medicine. "Their leadership and early support helped establish the Medical Foundation 30 years ago, and their commitment has continued through the years.

"Their thoughtful and generous support has been key to the fulfillment of the plans to build the Lineberger Cancer Research Center. Doubtless, research will be important to the people of North Carolina for generations to come."

Harold Lineberger, president of the Lineberger Foundation, is a 1926 UNC-CH graduate. He was a founder and has served as president of the UNC-CH School of Business Foundation, and he is a past president of the General Alumni Association.

His brother, Joseph Lineberger, is vice president of the Lineberger Foundation. Joseph Lineberger received his A.B. degree from UNC-CH in 1933 and is a member of Tar Heel One Hundred.

An older brother, Archibald C. Lineberger, was the first in the family to graduate from UNC-CH, earning his degree in 1921. He was a founder of the Lineberger Foundation and died in 1951.

Another brother, Henry A. Lineberger, UNC-CH class of 1924, was a founder of the Medical Foundation and served on its board of directors until his death in 1976. Henry Lineberger's son Walter, a 1964 UNC-CH graduate, currently serves on the Medical Foundation Board of Directors.

The UNC-CH Cancer Research Center was established in1975 as one in a nationwide network of such centers.The center has more than 100 faculty researchers representing seven School of Medicine departments, the schools of dentistry, nursing, pharmacy and public health, the departments of chemistry and zoology, and institutions in the Research Triangle Park.

Federal funding for the center's programs has grown from $400,000 in the first year to more than $2.5 million.

Construction of the Lineberger Cancer Research Center is expected to begin later this year and to take two years to complete. The cost will be about $7.8 million.

To date, $5 million has been raised, some two-thirds of this amount coming from private sources. A $1.372 million construction grant was awarded to the center last year by the National Cancer Institute. Private contributions, totalling some $3.6 million, have included nine pledges of $250,000 each, in addition to the Lineberger Foundation commitment.

Minority high school students gain experience in basic science research

Gay Bryant of Tabor City is still in high school, but she seemed to feel right at home in a research lab in the School of Medicine.

She participated this summer in a minority high school student apprenticeship program in the basic sciences. The new program at UNC-CH was funded this year by the National Institutes of Health.

But "apprentice" may not be a completely accurate term.

"She's already graduated from apprentice status," supervisor Barbara Domin said of Bryant halfway through the six-week program. "She's a co-worker as far as I'm concerned."

Twelve students were chosen for the program from among some 30 applicants from across North Carolina. They were paid a stipend and provided campus housing.

"I'm very pleased with the breakdown with respect to race, sex and geography," Dr. Marion Phillips said about the group selected. Phillips, an associate dean in the medical school, directed the apprenticeship program.

Most of the students heard about the program from school counselors whom Phillips had contacted.

Bryant, however, learned of the opportunity from her cousin, Franklin Hargett, a UNC-CH medical student. Hargett had read about the program in *Inside*, the internal newspaper serving the School of Medicine and North Carolina Memorial Hospital.

Gay Bryant (foreground) with Barbara Domin and Dr. Marion Phillips

There were two apprenticeships in each of the six basic science departments. Bryant worked in a pharmacology lab.

"We're involved in cancer research, trying to purify an enzyme," she said this summer. "I didn't really know what to expect, but I love it. You don't know all the details involved in research until you get into the lab."

Young Kim of Chapel Hill said the program turned out to be much better than he expected.

"At first I was afraid I'd end up washing test tubes. But I'm doing pretty big stuff and learning a lot," he commented in July.

Kim worked with Dr. Jack LaLone in physiology and was exposed to microsurgical techniques and data analysis. Kim gathered data on blood flow in a rat muscle which will be useful to LaLone in future hypertension studies.

"This is a muscle we haven't studied in this lab before," LaLone said. "So much of the data he gathered this summer will be baseline data for our lab."

Kim previously was interested only in engineering as a career, but this summer's experience has started him thinking about medicine and medical research as well.

The experience included more than the work in the lab. Kim, a competitive

swimmer, participated with LaLone in a journal club in exercise physiology. And the youth liked the moral support the program staff provided.

"I like the way the whole program is set up," Kim said. "We fill out weekly forms which ask what you like, what you don't like, if you're bored, if you want to quit. They give us a lot of guidance and keep us happy throughout the whole program."

Much of the guidance was provided by assistant directors Ovida Fuller and Otis Speight, doctoral students in bacteriology and pathology, respectively. They visited the students in the labs and in the dorm, provided career and other counseling, and planned social activities.

"They were carefully selected for this role, and their relationship with the students worked out very well," Phillips said.

(Very careful planning also went into ensuring that safety guidelines regarding minors in research laboratories would be followed closely, Phillips said.)

Gay Bryant agreed about the value of the experiences outside the individual labs. Wednesday seminars exposed the students to other areas, and there were opportunities to visit labs where other high school students are working.

Bryant said she asked many questions in the other labs as well as in her own and found everyone to be quite receptive.

"Anything I want to ask, they'll take time and answer. I guess that is because they know I'm interested."

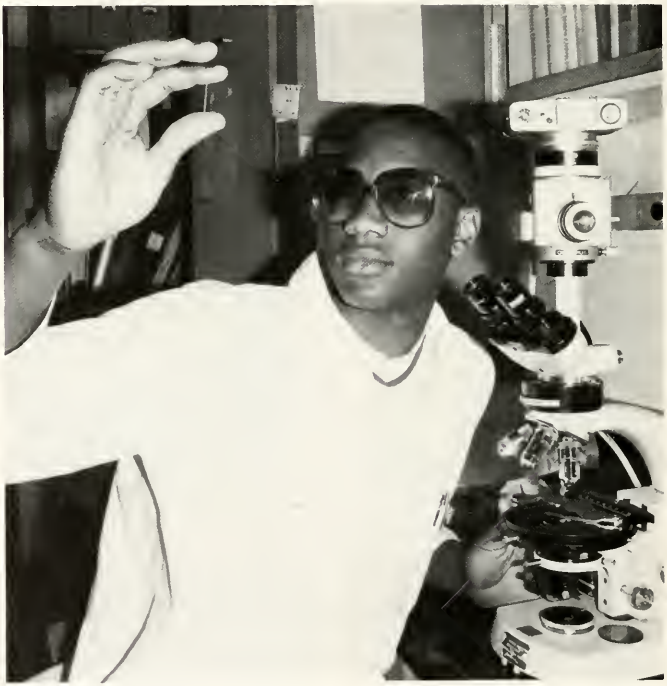
Being in Chapel Hill was another plus for the program, Bryant said. "I've always dreamed of going to school here. This is my first chance really to see it."

Bryant is one of a number of students who came into the program thinking about a career in clinical medicine, but now giving research serious consideration as well.

Charles Belk of Durham and Kimberly Oxendine of Pembroke report similar shifts in their thinking.

"Before I came into the program, I was more interested in medicine," Oxendine said. "Now I find both medicine and research are interesting. It's hard to choose. The possibility of an M.D.-Ph.D. program has caught my interest."

Young Kim (right) with Dr. Jack LaLone



Charles Belk

Kimberly Oxendine

Bernard Youmans

Oxendine worked in Dr. Thomas Traut's biochemistry lab. Belk, who said he thinks having been in the program will be a real asset in college, worked with Claudia Toomim in Dr. Walter Stumpf's anatomy lab.

Departmental assignments were made during orientation on June 22. After representatives from each of the basic science departments made presentations, the students listed their first three choices.

"Pharmacology was my second choice," Bryant admitted, "but I think I like it even better than I would have liked my first choice."

Bernard Youmans of Charlotte chose pathology because he's interested in studying the causes of diseases. He was placed with Dr. Howard M. Reisner, who is studying the genetics of hemophilia.

"It is a really exciting experience," Youmans said. "I only hate we won't be here longer. It's only six weeks, so you can only skim the top."

Reisner, an assistant professor of pathology, said he was surprised that a high school student could come into the lab and fit in so quickly.

"I'm pleased with the apprenticeship program. Bernie is very helpful. We hope he'll be able to do independent work before the summer's over. We're training him for independent work. I just wish he could stay longer," Reisner said three weeks into the program.

Phillips said he was very pleased that the medical school was able to provide a program in which faculty members teach research skills to high school students who who are eager to learn.

"It's exciting to have faculty members who are primarily researchers sparking an interest in high school students who are looking at an electron microscope for the first time," he said.

"We learned that high school students are able to work in high-powered research labs, absorb information and make contributions to a research team. I'm excited because we've whetted their intellectual appetites for scientific research.

"We're going to be very interested in the impact this has on their career choices." □

Researchers expanding understanding of vitamin D role, hormone receptors

Medical scientists at the School of Medicine have discovered that vitamin D influences the work of many more body organs than previously believed. Their findings indicate that many different organs may be involved in regulating the body's use of calcium, which is essential for growth, bone development and the proper functioning of muscles and nerves.

Vitamin D is known to act in the intestines, kidneys and bones to maintain calcium balance. Now, Drs. Walter Stumpf and Madhabananda Sar have also identified sites of action in the skin, stomach, pancreas and parathyroid and pituitary glands of a hormone that is derived from vitamin D.

Stumpf is professor of anatomy and pharmacology, and Sar is research associate professor of anatomy.

Of special interest, Stumpf said, was discovery of the hormone in pancreas cells that are known to secrete insulin. He said this supports earlier evidence of a functional relationship between vitamin D and insulin.

"Some diabetics may experience a calcium imbalance that can lead to a reduction in bone mineral and a propensity for fractures. In diabetic animals, this bone loss is associated with an insufficient production of the vitamin D hormone which, in turn, is due to a lack of insulin."

Since calcium is necessary for insulin secretion, Stumpf said vitamin D can be expected to promote this secretion by elevating calcium levels and by direct action on cells in the pancreas.

But he said it is still unclear how the vitamin D hormone affects insulin production in human diabetics and whether discovery of the hormone in the pancreas has any therapeutic value.

Stumpf and his colleagues have also found evidence of vitamin D in the pituitary gland, which regulates a variety of functions, including growth and metabolism.

"This is, potentially, one of our most significant findings," Stumpf said. "It provides the first substantial evidence that the pituitary is directly involved in maintaining calcium equilibrium throughout the body.

"As is frequently the case with new information, the full value of these discoveries can't be assessed yet," he added. "But it appears that many tissues are directly affected by vitamin D. So the role of vitamin D is far more extensive than had been thought."

Stumpf and Sar made their discoveries after injecting laboratory rats with radioactively tagged doses of the vitamin D hormone. Using a technique developed in Stumpf's lab for tracing chemicals in the body, they were able to pinpoint specific cells that accept the hormone.

Assisting in these studies have been Sam Clark, a graduate student in anatomy; Frederic Reid, a student assistant, and Dr. Roberto Narbaitz a visiting professor from the University of Ottawa.

Stumpf said the new evidence of vitamin D's role in the body's chemistry does not mean that people necessarily need more of it.

"Like any powerful hormone or drug, you can get too little or too much. Both a deficiency and an excess of vitamin D can be harmful. We all need a certain amount, and this generally varies with age."

He explained that it is especially important for children, pregnant women and the elderly to have an adequate supply.

Stumpf and Sar also are studying hormone receptors in the brain. They were recently awarded a five-year, $438,553 grant by the National Institutes of Health for these studies.

These two researchers previously have published maps of the brain and spinal cord showing sites where various hormones interact with nerve cells.

Their research indicates that extensive regions of the central nervous system are under the control of sex hormones which influence not only behavior linked to reproduction but also emotion, aggression, memory, regulation of blood pressure and sensory functions.

The two men have produced numerous discoveries on the role of sex hormones and their sites of action.

In 1970, Stumpf reported findings that disputed the 30-year-old belief that there is a "sex center" in the brain. Scientists had long held that sex hormones were restricted to the hypothalamus of preoptic regions of the brain, but Stumpf found that nerve cells which attract the hormones are widely distributed through the brain.

Stumpf and Sar reported in 1977 that estrogen, the female sex hormone, may be the reason that women are less prone to heart disease than men. They found that a portion of the heart, like the female reproductive system, is sensitive to estradiol, the most common estrogen hormones.

Stumpf says it has been shown that the brain can be imprinted and actually programmed in early development by the presence of certain hormones and drugs. There is also evidence, he says, that steroid hormones influence the memory capabilities of experimental animals and humans.

Stumpf and Sar are particularly interested in the relationship of sex hormones to nerve cells that contain peptide hormones. Peptide hormones are becoming increasingly important in understanding the brain and human development, Stumpf says.

Stumpf and Sar developed a combination of techniques to allow direct and simultaneous demonstration of the anatomical relationships between hormones in the brain. □

Alumnus to head interferon center

With the recent increased interest in interferon, the World Health Organization has decided to establish three coordinating centers, one each in the United States, Finland and the Soviet Union.

Dr. George Galasso (Ph.D.'60) of the National Institutes of Health has been named coordinator for the United States.

Galasso is responsible for the Antiviral Substances Program at N.I.H. and has been active in obtaining support for interferon for the past 10 years. This past year he visited Italy and Yugoslavia to present reports on the program, and he co-edited a book titled "Antiviral Agents and Viral Diseases of Man."

Interferon is a naturally occurring substance in the body that medical scientists believe may be effective in treating certain forms of cancer.

Basic science department chairmen

Anatomy: Dr. Charles R. Hackenbrock (Ph.D., Columbia University College of Physicians and Surgeons, 1965)
Bacteriology and Immunology: Dr. Harry Gooder, acting chairman (Ph.D., Leeds, England, 1952)
Biochemistry and Nutrition: Dr. Mary Ellen Jones (Ph.D., Yale, 1951)
Pathology: Dr. Joe W. Grisham (M.D., Vanderbilt, 1957)
Pharmacology: Dr. John Phillip Perkins (Ph.D., Yale, 1966)
Physiology: Dr. Edward R. Perl (M.D., Illinois, 1949)

Distinguished professors in the basic sciences

Dr. H. Stanley Bennett, Sarah Graham Kenan Professor of Biological and Medical Sciences, Department of Anatomy, 1969
Dr. Kenneth M. Brinkhous, Alumni Distinguished Professor of Pathology, 1961
Dr. William J. Cromartie, Alumni Distinguished Professor of Bacteriology and Medicine, 1980
Dr. Carl W. Gottschalk, Kenan Professor of Medicine and Physiology, 1969
Dr. John B. Graham, Alumni Distinguished Professor of Pathology, 1966
Dr. J. Logan Irvin, Kenan Professor of Biochemistry and Nutrition, 1969
Dr. Mary Ellen Jones, Kenan Professor of Biochemistry and Nutrition, 1980
Dr. G. Philip Manire, Kenan Professor of Bacteriology, 1971
Dr. Paul L. Munson, Sarah Graham Kenan Professor of Pharmacology and Endocrinology, 1970

Manire interview

(Continued from page 8)

in bacteriology and since 1950 three have left. And it's not because they're all sitting around. Practically all of them have had more than one opportunity to leave. They like Chapel Hill and they like to work here. They like the work arrangements and the ambience.

BULLETIN: What kind of relationship do the basic sciences have with the clinical departments?

MANIRE: Many of the basic sciences have become very successful in their relationship to medical education and a great many active clinicians are fully qualified to be in the basic science departments.

The people in infectious diseases, for example, have more in common with members of the bacteriology department than they do with others in medicine, as far as their research in that specialty is concerned.

I'm sorry to talk so much about the bacteriology department, but I know it best. Biochemistry does the same thing. Pharmacology now has a strong program between medicine and pharmacology in clinical pharmacology. There're several people in medicine who have joint appointments in pharmacology. There are people from pediatrics, medicine, surgery and obstetrics who have joint appointments in other departments.

The basic science departments have helped recruit people in the clinical sciences who wouldn't otherwise come if they didn't have this relationship. When Chuck Hendricks said they wanted to hire a tumor immunologist in obstetrics, I said if you let us help you, we'll give a joint appointment. So together we brought a very fine tumor immunologist who's doing outstanding research and at the same time he's serving the other purposes Chuck intended.

So the basic science departments really serve—and I feel very strongly they should—as considerable resources for the medical school itself. And I think we've done that on a sound basis.

BULLETIN: How important is it for physicians in practice to stay up to date in the basic sciences?

MANIRE: It's difficult for basic scientists to stay up to date other than in their own particular field of expertise. We try to give students the basic concepts that will allow them to stay informed with general review of articles in the professional literature.

BULLETIN: Do medical students take basic science courses similar to those graduate students take?

MANIRE: Twenty or 30 years ago, Ph.D. students essentially did the first two years of medical school. Now they take few courses with medical students, except for students in pathology. Medical students take many survey and concept courses, while we assume all graduate students have strong scientific backgrounds. There's less emphasis on course work in the graduate programs. We want to get them into the labs as apprentices as soon as possible. Currently there is much interest in the introduction of a joint M.D.-Ph.D. program which would combine the best of each.

The graduate programs have allowed us to attract to the faculty a lot of bright researchers who want to work with bright young students—both graduate and medical students. That's a central thing in the basic science departments—teaching methodology and concepts to terribly bright students. □

Extracts

Grants totaling more than $300,000 were awarded by the American Cancer Society (ACS) to the School of Medicine.

The largest is a $100,000, one-year grant to support research by Dr. J. Stephen Haskell, associate professor of obstetrics and gynecology and bacteriology. His program is titled "Analysis of the Host Response within Solid Tumors."

Dr. Robert L. Capizzi, professor of medicine and pharmacology, received a $60,455, one-year grant for support of his "Studies of Drug-Drug Interactions between L-Asparaginase and Other Antineoplastic Agents." The grant will be renewed for a second year if funds are available, according to Dr. Stefano Vivona, ACS vice president for research. Capizzi is co-director of the School of Medicine's hematology/oncology division.

ACS Junior Faculty Research Awards have been approved for two assistant professors at UNC-CH. The three-year, $54,000 grants include funds for stipends for Drs. Elizabeth Fowler and W. Jackson Pledger of the departments of bacteriology and pharmacology, respectively.

Haskell, Capizzi, Fowler and Pledger are core faculty members of the UNC-CH Cancer Research Center.

The university's Institutional Research Grant has been renewed by the ACS. The amount for 1980-81 is $45,000, 12.5 percent higher than the previous year's award, according to Dr. Mary Ellen Jones, who chairs the UNC-CH Institutional Research Grant Committee. Jones is Kenan Professor and chairwoman of the department of biochemistry and nutrition.

Dr. Edward J. Shahady, professor and chairman of family medicine, was installed as president of the Society of Teachers of Family Medicine at the organization's annual conference May 3-7 in Boston.

Shahady said one goal of the national organization should be to help improve the teaching skills of practicing physicians. The fundamental goal of family medicine educators, he said, "is improving the quality of life for the patients we serve. What we do as teachers must not only be for the benefit of doctors, it must benefit patients."

Dr. Floyd W. Denny will step down as chairman of pediatrics, a post he has held for the last 20 years.

Denny, who also is Alumni Distinguished professor of pediatrics, announced he would like to return to full-time teaching, research and patient care.

Since he became chairman in 1960, Denny, 57, has helped build the department from a faculty of six to nearly 50. Under his chairmanship, the department also has developed into one of the most respected pediatric training programs in the country.

"His contributions to pediatrics, both at the university and nationally, have been truly monumental," said Dr. Stuart Bondurant, dean. "He has built a strong and vital department here that is educating excellent community pediatricians, providing superior subspecialty care for sick children, and making major contributions to research."

The dean said he hoped a new chairman would be identified by next spring.

Dr. Floyd W. Denny

A new study at the School of Medicine supports earlier evidence that children who are held, talked to and praised tend to develop intellectually at a faster rate than those who receive less warmth and attention.

In addition, the study indicates that a mother's ability to giver her child a loving, stimulating environment may depend, at least partially, on how much emotional support she receives from the baby's father and other members of the family.

Dr. Jack Pascoe, a pediatrician, has surveyed the families of 80 children, all of whom had been born sick or premature.

The results of Pascoe's survey indicates that mothers who report a high degree of family support and community involvement tended to give their child more loving attention and encouragement. The most important source of support appeared to be the baby's father and other family members.

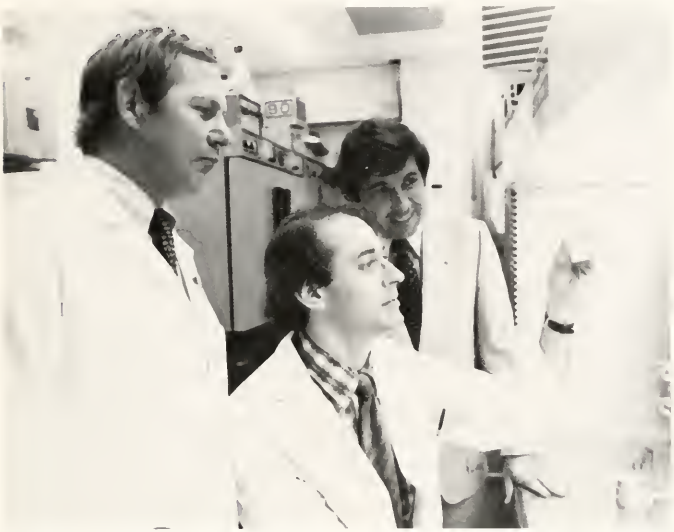
Pascoe noted that most of the families in his study live in rural areas, many have financial problems and all have borne the added stress of having a sick baby. But he was impressed that "families who don't have much in the way of material goods seemed to be enjoying their children and doing a good job of raising them, often in the face of rather overwhelming odds."

He said similar studies should be done in other parts of the country and with families of healthy babies to see if the results are more generally valid.

Two rare blood-clotting disorders which may shed light on other, more common diseases are the subject of a March of Dimes Birth Defects Foundation research grant to Dr. Gilbert C. White, assistant professor of medicine.

He has received $18,000 for the first year of an effort to define the inherited defect in blood platelets of patients with Bernard-Soulier syndrome and Glanzmann's thrombasthenia. Clarifying the underlying defects in these disorders may lead not only to better means of

Extracts



Dr. Robert A. Eisenberg (center) discusses his arthritis-related research with Dr. John Winfield (left), chief of the rheumatology and immunology division, and Ronnie King, a board member of the N.C. chapter of the Arthritis Foundation.

treating them, he says, but also to new knowledge of how clotting cells participate normally or abnormally in development of heart attacks and other conditions involving clot formation within blood vessels. In the two disorders under study, platelets fail to clump together as they do in normal blood clotting. The disorders superficially resemble forms of hemophilia and are sometimes fatal. The only available treatment is transfusion of platelets, which does not always work as expected, possibly because patients form antibodies against normal platelets after repeated transfusions.

The March of Dimes currently supports birth defects research, medical service and education with grants totaling more than $424,000 in the state of North Carolina.

The Arthritis Foundation has announced grants totaling more than $71,000 to support arthritis research at the School of Medicine.

The Arthritis Clinical Research Center of the School of Medicine will receive a $26,000 general research grant during 1980-81.

John Kline, executive vice president of the North Carolina chapter of the Arthritis Foundation, said the grant will give the medical school "the flexibility to follow promising new leads and to strengthen its patient care and medical education programs to benefit arthritis sufferers in North Carolina and beyond."

Kline noted that to qualify for Arthritis Foundation support, an institution must meet high standards of excellence, not only in research, but in arthritis treatment and medical education.

The Arthritis Foundation has also awarded a $26,000 National Research Fellowship to Dr. Robert A. Eisenberg, a researcher in the School of Medicine's division of rheumatology and immunology. Woodrow W. Ham, president of the North Carolina chapter, said fellowships are awarded each year to promising young scientists and are made possible by contributions to the Arthritis Foundation.

Arthritis Foundation officials also announced an anonymous gift of $19,460 to the division of rheumatology and immunology to support arthritis research.

In acknowledging the continuing support of the Arthritis Foundation, division chief Dr. John Winfield said, "Funding of research efforts, through voluntary programs of this type, is one of the best ways the public can have an impact on our fight against arthritis."

Dr. Seymour L. Halleck, professor of psychiatry, has won the 1980 Isaac Ray Award of the American Psychiatric Association.

Halleck, who was honored at a recent meeting of the association in San Francisco, was cited for his accomplishments and career in forensic psychiatry.

He also is adjunct professor in the School of Law.

Dr. Enid R. Kafer, associate professor of anesthesiology and physiology, was an invited speaker recently at a scientific meeting marking the 50th anniversary of the Department of Anaesthetics at the Royal Prince Alfred Hospital in Sydney, Australia.

She delivered a paper on "Effects of halothane on ventilatory control in cats."

The 1500-bed Royal Prince Alfred Hospital is the senior teaching hospital of the University of Sydney, Kafer reports.

"The Department of Anaesthetics there is to our knowledge the first such department in Australia and is considerably mature by comparison to the majority of departments of anesthetics even in the United States and in Great Britain."

Kafer is a graduate of the University of Sydney Medical School and an alumnus of the Royal Prince Alfred Hospital. During her recent visit there, she also participated in postgraduate courses for the Fellowship of the Faculty of Anaesthetics of the Royal Australasian College of Surgeons, giving lectures on anesthesia and respiratory control. □

Class notes

Manning-Berryhill Club

John S. Rhodes, C. Med. '27, Raleigh, tells us he retired from his urology practice last October and remarried in January. His only granddaughter will be entering UNC-CH this fall.

Glen S. Edgerton, C. Med. '30, is retired from obstetrics and gynecology and is living in Charlotte.

Robert M. McMillan, C. Med. '36, has been in internal medicine in Southern Pines since 1946 and says that it may be the same old routine, but he's "geared to go for 15 years longer."

40s

S. Malone Parham Sr., C. Med. '43, is still practicing obstetrics and gynecology in Henderson.

E.C. Sweeney, C. Med. '46, Charlotte, tells us he took a tour of Ireland in fall 1979. "I went to find my roots all over and in numerous bars!"

Walter C. Barnes, C. Med. '46, recently was re-elected president of the board of trustees at Texarkana College, Texas.

50s

George T. Wolff, HS '52-53, was elected treasurer of the AAFP in October 1979 and he continues as director of Moses H. Cone Memorial Hospital's family practice residency program in Greensboro.

William C. Ruffin Jr., M.D. '55, Gainesville, Fla., is the interim associate vice president for clinical affairs and chief of staff of Shands Teaching Hospital and Clinics, Inc., there.

Bob Rollins, HS '59-60, Raleigh, was certified by the American Board of Forensic Psychiatry in February.

60s

William Bibb, Ph.D. '62, is director of research for the Department of Energy at Oak Ridge (Tenn.) National Laboratories. He and his family enjoy their house boat and the mountain/lake environment of eastern Tennessee.

James F. Smith, M.D. '62, is vice chairman of the medical staff of Good Samaritan Hospital in West Palm Beach, Fla. He says he has a new office on Butler Street with a practice limited to gynecology.

William B. Deal, M.D. '63, Chicago, joined the American Medical Association's executive staff in July.

W. Adrian Chappell, Ph.D. '64, is chief of the Viral and Rickettsial Products Branch in Atlanta and is very busy producing reference viral and rickettsial reagents for the United States and many foreign labs. His branch is in the process of producing 525 different products for distribution to state health labs and to World Health Organization supported labs.

Ed Golub, Ph.D. '64, is at Purdue University working on the second edition of "The Cellular Basis of the Immune Response."

B.R. "Buzz" Jack, M.D. '65, says he retired from the Air Force in August 1979 and spent four months in a cardiovascular fellowship at St. Luke's Hospital in Houston. He's now in a cardiovascular private practice in Fort Worth and is a consultant at Tarrant County District Hospital.

J. Lewis Sigmon Jr., M.D. '66, was promoted to clinical associate professor of the School of Medicine's department of family medicine based at Charlotte Memorial Hospital's family practice residency program. He also was selected for a faculty fellowship in family medicine at the School of Medicine for 1980-81.

Clifford T. Lewis, M.D. '67, Wilmington, tells us he and his wife just had their "third and last" child. "My group practice is going well," he says, "and we're enjoying Southern coastal living."

H. Phillips Stall, HS '68-70, '72-73, is practicing with **Tim Poirier, HS '68,** and **Ken Graff, HS'68,** in internal medicine in Melbourne, Fla. He says he's certified in pulmonary diseases after completion of a fellowship at Parkland Hospital in Dallas.

Christopher Field, Ph.D. '69, is now an associate professor of life sciences at Southwest Missouri State University and is head of the graduate program at the University of Iowa, which has a master's program in life sciences. He says he's been keeping up with his three sons, remodeling an old house, biking and enjoying the wilderness areas of the Ozarks.

Joe M. Jones, Ph.D. '69, is hunting squirrels and rooting for the Razorbacks in Arkansas when not studying genetic controls of neoplasia and immune responses in rats. He received the ICRETT award from the International Union Against Cancer and visited Max Planck Institute in Freiburg, Germany, in February.

70s

George M. Oliver, M.D. '70, went to Disneyworld last October with wife Charlotte and their four children. He is staying busy with his obstetrics and gynecology practice in Morehead City. Charlotte is a nurse practitioner.

John R. Lurain, M.D. '72, has received an American Cancer Society junior faculty clinical fellowship in gynecologic oncology for 1980-83 at Northwestern University Medical School in Chicago.

Ben Goodman, M.D. '72, Charleston, S.C., became director of the family medicine residency program at the Medical University of South Carolina in July.

Colin D. Jones, M.D. '73, tells us: "I have three spouses—or whatever you have when you practice animal husbandry with three pigs. Mickey, Charlie Brown and Spot are very friendly, especially at dinner time."

Suzanne Sauter, M.D. '74, has been promoted to assistant professor in the School of Medicine and is medical director of the rehabilitation program.

Karl Muster, M.S. '75, is finishing a residency in orthodontics at the Northwestern University Dental School in Chicago and trying to decide where to set up a practice.

Dallas C. Craven Jr., M.D. '75, has just completed a general surgery residency at the University of Iowa in Iowa City and has joined a general surgery practice in Charlotte. He and wife Kathy have two daughters—Kelly, age 5, and Leslie, 2.

David R. Callahan, M.S. '76, was promoted to product manager for the ethical dermatological product line at Norwich-Eaton Pharmaceuticals of Norwich, N.Y.

Donald Jaffe, Ph.D. '76, is working as manager and regulations coordinator for the regulatory affairs portion of Parke-Davis, Division of Warner-Lambert in Morris Plains, N.J. He's been doing a lot of bicycling and moved into a place of his own.

J. Ray Thigpen, M.D. '76, started the second year of a private practice in Whiteville, N.C. He and his wife have two sons—Matthew and Jonathan.

Jean Nichols, Ph.D. '77, is continuing her postdoctoral studies at Harvard Medical School.

James Beatty Holt, M.D. '77, has begun working in a private family medicine practice in Pittsboro and Goldston.

Betty Brownridge, M.S. '78, is chief research associate for Dr. Carlos Lopez at Sloan-Kettering in New York. When she's not studying herpesviruses, she's going to the theater, ballets and museums.

Lewis Lanier, Ph.D. '78, is working under a Damon Runyon postdoctoral fellowship at the University of New Mexico at Albuquerque. He's enjoying downhill skiing and his new Mazda RX-7.

Carol Brantner Muster, Ph.D. '78, is doing postdoctoral research on transposon-mediated recombination at the University of Chicago.

Jeneen Nelson, M.S. '78, is studying immune complexes in the immunology lab for the Clinical Investigations Service at Fitzsimmons Army Medical Center in Aurora, Colo.

Katherine Pryzwansky, Ph.D. '78, is working at the University of Colorado at Boulder.

Carla Hinds Ingold, M.D. '79, is proud of her husband Ken who completed his dissertation and received his Ph.D. in organic chemistry in May from UNC-CH, of course.

Deaths

Wendell W. Batchedler, HS'55, Seattle
Vonnie Monroe Hicks Jr., C. Med. '50, Raleigh
William Cleveland Langdon, M.D. '65, Richmond, Va.
Lonnie Carl Liles, C. Med. '28, Raleigh
Edward William Phifer Jr., C. Med. '35, Morganton
George Donald Presley, M.D. '54, Tampa, Fla.
Duncan Shaw Owen, C. Med. '28, Fayetteville
Clifton F. West, C. Med. '15, Kinston

Medical Alumni Activities Calendar

October		
22	Medical Alumni District Meeting	Asheville
November		
14	Visiting Committee Meeting	MacNider Building
15	Fall Council Meeting	Carolina Inn
19	Medical Alumni District Meeting	Lumberton
March 1981		
19-21	Medical Alumni Annual Meeting	Chapel Hill
April		
25	Medical Parents Day	Chapel Hill
May		
1	North Carolina Medical Society Annual Meeting Social Hour	Pinehurst

Continuing Education Calender

October		
10-11	Hypertension—1980	Grove Park Inn, Asheville
11-12	Update in Obstetrics-Gynecology	Blockade Runner, Wrightsville Beach
17-18	Malignant Tumors of the Skin, Fourth Southeastern Consortium for Continuing Medical Education in Dermatology	Searle Center, Durham
31-Nov. 1	Thirteenth Annual Malignant Disease Symposium	Clinic Auditorium
November		
8	N.C. Chapter, American College of Physicians, Saturday Seminar in Hematology Oncology	Berryhill Hall
10-13	Update in Cardiovascular Diseases	The Pinehurst Hotel
December		
1-2	Comparative Ophthalmic Pathology	Clinic Auditorium
January		
9-10	Carolina Ocutome Workshop	Berryhill Hall
10	N.C. Chapter, American College of Physicians, Saturday Seminar in Dermatology	Berryhill Hall
21-23	Alcoholism: The Search for the Sources	Sheraton Crabtree, Raleigh
March		
9-20	Cruising Seminar in Alcohol Studies	U.S. Virgin Islands
11-14	Internal Medicine 1981	Berryhill Hall
27-28	Intraocular Lens Implantation Workshop	Berryhill Hall
April		
2-3	Fifth Annual Cancer Research Center Symposium	Clinic Auditorium
2-4	Office Perimetry in Glaucoma Management	The Pinehurst Hotel,
11-12	Geriatric Anesthesia	Carolina Inn
30-May 2	Fifth Annual Radiology Symposium	Hilton Head, S.C.
May		
16-17	Update in Obstetrics-Gynecology	The Great Smokies Hilton, Asheville
29-30	Intraocular Lens Implantation Course	Berryhill Hall

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514; (919) 933-2118.

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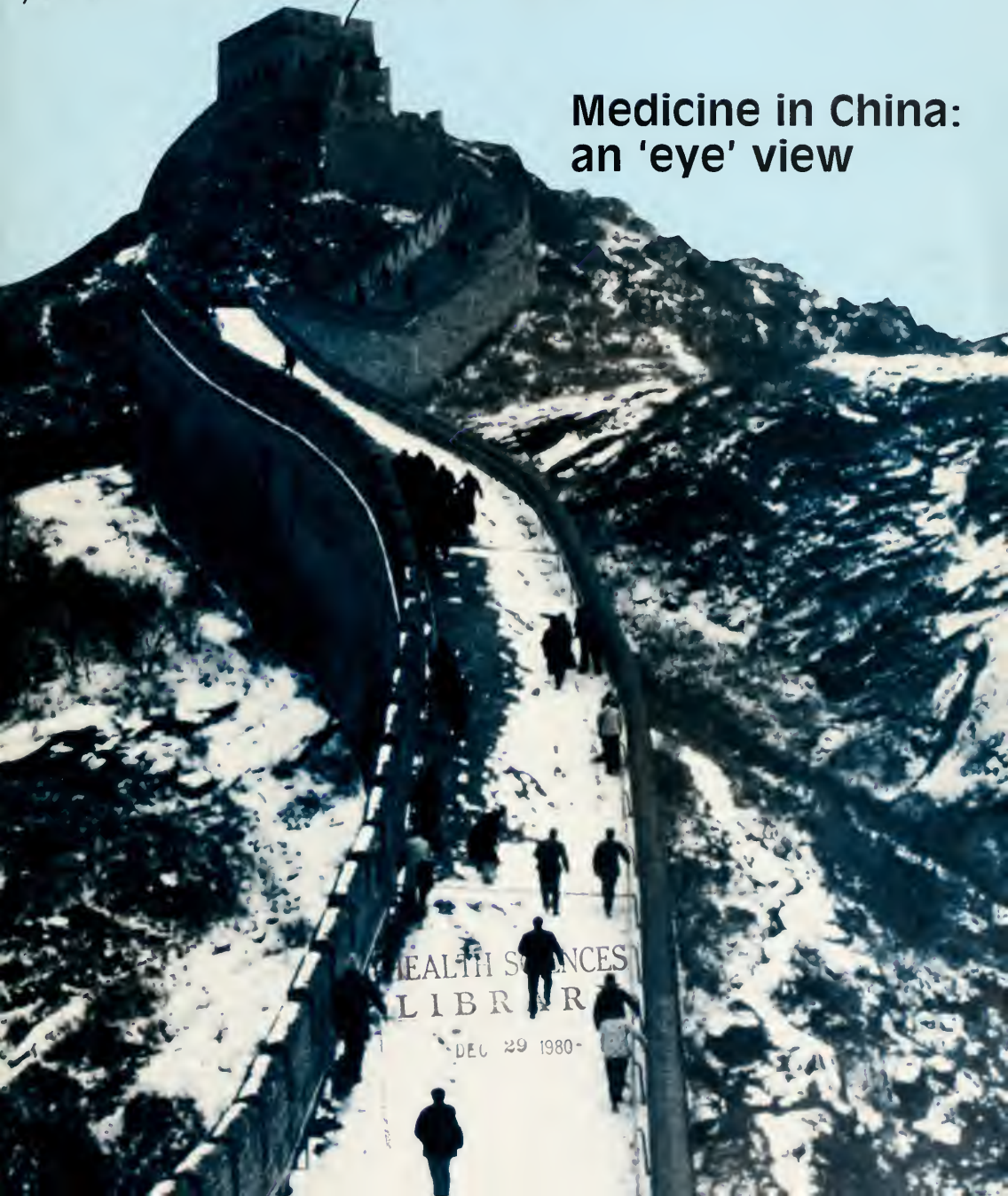
Medical Alumni Bulletin

VOLUME 26 FALL 1980 SCHOOL OF MEDICINE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Medicine in China: an 'eye' view



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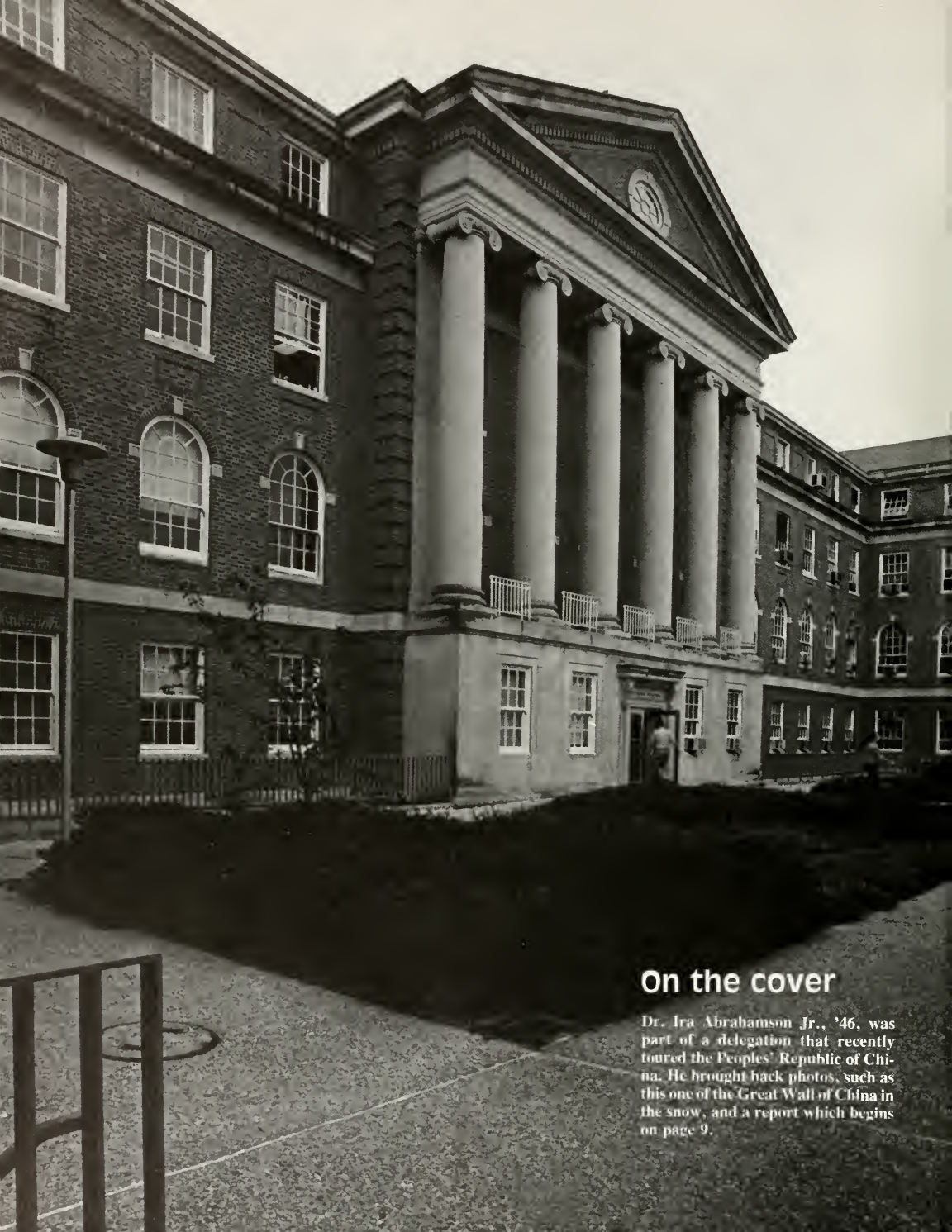

On the cover

Dr. Ira Abrahamson Jr., '46, was part of a delegation that recently toured the Peoples' Republic of China. He brought back photos, such as this one of the Great Wall of China in the snow, and a report which begins on page 9.

Medical Alumni Bulletin

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Put it on your calendar now

Now's a good time to make sure you have reserved Friday-Saturday, March 20-21, 1981, for the Annual Medical Alumni Weekend.

Friday's activities will include morning scientific sessions designed to bring alumni up to date on the School of Medicine. The annual luncheon and business meeting will follow.

Distinguished Service Awards and the Distinguished Faculty Award will be presented that evening at the annual alumni awards banquet.

Class reunions for classes whose graduation year ends in 1 or 6 will be held at various locations. The Manning-Berryhill Club will meet, and alumni whose classes are not having reunions may attend this function.

The Friday and Saturday meetings will be preceeded by a March 19 meeting of the School of Medicine Visiting Committee.

Further information and registration materials will be mailed out soon.

Behind the lines

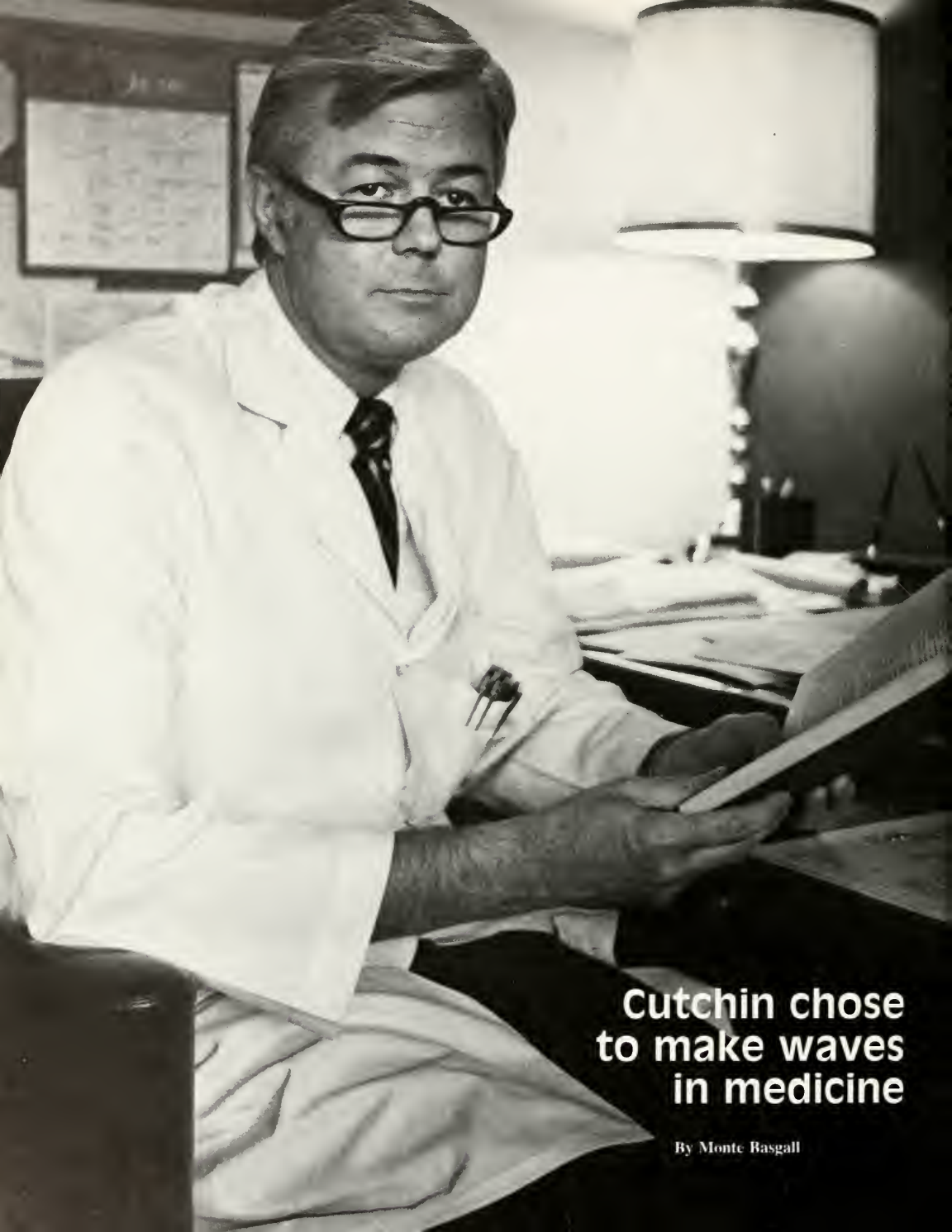
One of the most satisfying fringe benefits of serving as editor of the *Medical Alumni Bulletin* is hearing about and/or getting to know many of the interesting individuals who make up our Medical Alumni Association; people such as Dr. Lawrence Cutchin ('62), recently selected as "Tar Heel of the Week"; or Dr. J.U. Gunter ('34), who's had an asteroid named after him; or Dr. William Huffines ('55), the official scorekeeper for Carolina's home basketball games; or Dr. Ira Abrahamson ('46), who recently visited the Peoples' Republic of China.

The first three of these alumni are featured in this issue, and the fourth has contributed our cover story. (Another pleasing aspect of the editor's job is being able to pass along interesting reports such as these by and about the physicians and scientists who represent the UNC-CH School of Medicine throughout the world.)

From Chapel Hill, we report on two news conferences. One concerned a new environmental health center and the other announced two statewide infection control programs.

The Whitehead Lecture this fall was given by Dean Stuart Bondurant. He spoke on "Uncertainty and Humanism in Medical Education and Practice." A major portion of his text, in which he discusses sources of and adpations to uncertainty in medicine, has been included in this issue of the *Bulletin*.

—JWB



Cutchin chose to make waves in medicine

By Monte Basgall

Dr. Lawrence M. Cutchin's idea of a good weekend is to jump into some work clothes, hop aboard his tractor, lower the tiller and plow in his garden.

If he hadn't become a doctor, "I would have been a farmer," he said recently in the office of the Area L Health Education Center in Tarboro, which he directs.

Perhaps a farmer like his father, who grew tobacco, cotton, corn and peanuts on a spread outside Whitakers, a town about 18 miles away.

Instead, Cutchin ('62) has become a prime mover in improving rural medicine in Eastern North Carolina.

Since he came home after medical school and residency in Chapel Hill, Edgecombe General Hospital, where he is medical director, has expanded to 125 beds.

Tarboro Clinic, which Cutchin heads as president, now has 20 doctors, including three surgeons and other specialists.

Cutchin also started a program to teach students at the University of North Carolina School of Medicine the ways of the modern country doctor.

He is currently a principal investigator in a $1 million, five-year study of ways to combat high blood pressure.

And, thanks to a health system that he helped organize, there are still a physician and a pharmacist in tiny Whitakers, where Cutchin's grandfather once worked as a druggist and a cousin once served as a doctor.

Cutchin's philosophy, like his roots, is firmly planted in both medicine and Tar Heel soil.

Medical students, he said, "ought to get well grounded in the science of medicine" and doctors "need to get out and be with people."

Cutchin had a period of soul searching about what kind of doctor he should be when he was a student at the UNC medical school.

In the late '50s and early '60s, medical education was directed toward training specialists who then flocked to well-paying practices in urban centers, he said.

There were no good training programs in general medicine, the kind practiced by family doctors. Country and small town physicians, in North Carolina and elsewhere, were dying out and not being replaced.

Disappointed by such educational "narrowness," he sought advice from Dr. Charles H. Burnett, who was then chairman of UNC's department of medicine. Burnett, he recalled, suggested three options:

"He said I could quit. I could stay in, pigeonhole myself into a narrow area and become well-paid and bored to death by age 45. Or I could make waves and shape things into what they ought to be."

Cutchin chose the latter course. During residency at N.C. Memorial Hospital he dutifully specialized in both pediatrics and internal medicine. Then he went back to doctor-short Eastern North Carolina and made waves.

The Tarboro Clinic, a group practice founded in 1928, had 10 physicians when he joined it in 1969. Its members had begun a community medical program, but many of the doctors were on the verge of retiring, he said.

Edgecombe General, Edgecombe County's main hospital, had 75 beds and a shortage of available specialists. A nurse served in lieu of an anesthesiologist. There was only one surgeon.

Cutchin used a bootstrap approach to attract new blood.

He became a UNC clinical associate professor of medicine and established an off-campus teaching program to give medical students an idea of what rural medicine was all about.

He also started the Department of Medical Education at Edgecombe General to allow area doctors to update their training.

Visiting medical students learned that, while the pay would be less, practicing away from the big cities would at least not mean being out of touch.

Cutchin used both programs to "whet the appetites" of the students for settling in the area after graduation. Some did.

As new doctors began arriving, the hospital added a coronary care unit and an inhalation therapy department, which further increased the county's potential for attracting physicians.

Meanwhile, the nation was developing the same misgivings about medicine that Cutchin had in medical school. "There was the realization that we were putting all our eggs in one basket of specialized activity," he recalled.

Under public pressure, the federal government began paying for regional medical programs to improve small town and rural health care.

In North Carolina, that money was channeled through UNC, which chose Cutchin's area in 1972 for one of the state's first three area health education centers.

Cutchin became director of the Area L AHEC, which includes Edgecombe, Nash, Wilson, Halifax and Northampton counties.

Visitors from as far away as Egypt have dropped by to check out what is considered a model for a rural health system.

The center expanded the services of Edgecombe General's department of medical education to the region's three other hospitals: Nash General, Halifax Memorial and Wilson Memorial.

Among other things, all four hospitals got up-to-date medical libraries.

The non-profit Health Education Foundation of Eastern North Carolina, which Cutchin serves as president, then signed a contract with UNC to expand medical, nursing, dentistry, pharmacy, public health and allied health training in all of Area L.

In 1972, Cutchin also began the department of community medicine at Edgecombe General, which took over the community medicine program that had been started at Tarboro Clinic.

In 1975, that department began working with the Tarboro Clinic to establish satellite clinics in other Edgecombe County communities with the aid of private grants and local fund-raising activities.

The first satellite clinic was installed in his grandfather's old drug store in Whitakers; Cutchin's father and aunt donated the building. Other clinics have followed in Pinetops and eastern Rocky Mount.

Though Rocky Mount's population is about 42,300, there are about 17,000 residents on its eastern side who do not have a single doctor, Cutchin said. "They pay taxes. We figured we owed them a debt of responsibility," he said.

Oak City is also raising funds for a rural health center that will be backed up by the Tarboro Clinic.

"Three weeks ago, they had a barbecue, served 1,500 plates and raised $8,000 in one day," he said. "The population of the whole town is only 300."

The impact of all these programs is hard to measure, but Cutchin proudly cites one statistic: In 1965, the area's infant mortality rate was about 26 per 1,000. Last year, it was 11, he said.

"I think we can get service to every community," he said. "The key to that is the system approach. You need to get the support structure set up first, to build an environment that will attract a trained professional.

"There may be difficulty sustaining a solo physician practice unless it is part of a larger system."

At 43, Cutchin remains a down-to-earth but tall-in-the-saddle figure who talks faster than you can write notes.

He sees patients in his office for four half-days a week, carries a normal hospital work load and handles his share of night calls.

Once a year, he sees the entire UNC medical freshman class, which flies down to Tarboro in shifts in a small AHEC airplane.

He works hard on the high blood pressure study, which has surveyed about 750 of 1,000 target households for hypertension problems and will eventually explore ways to improve patient compliance with drug therapy.

He has somehow found time to be the president of the Tarboro Area Chamber of Commerce.

Last April, the chamber held a Health Systems Week which attracted top officials to the area, including UNC President William C. Friday, UNC-CH Chancellor Christopher Fordham III, Dr. Stuart Bondurant, dean of the UNC-CH medical school and U.S. Rep. L. H. Fountain of Tarboro.

Visitors from as far away as Egypt have also dropped by to check out what is considered a model for a rural health system.

Cutchin's work has been "pioneering," Bondurant said in an interview, adding that Cutchin also is a model physician and a popular and effective teacher.

"Large numbers of medical students and young physicians have been influenced by his teaching and by his example to commit their careers to providing health care to people in rural areas," Bondurant said. □

Scientific avocation brings honor to Gunter ('34)

By Monte Basgall

A UNC-CH medical alumnus has something in common with the likes of Nicolaus Copernicus, Ferdinand Magellan and Ludwig von Beethoven.

As it has been done for famous astronomers, explorers and musicians of old, an asteroid has been named for Dr. J. U. Gunter ('34), a retired Durham pathologist.

Gunter's asteroid, which is perhaps a few miles in diameter and about 200 million miles from Earth, was discovered in 1933 by the late German astronomer Karl Reinmuth.

But it took until this year for the International Astronomical Union to figure out the tiny object's exact solar orbit, Gunter said.

"When this happened, they gave it a permanent number—2,136—and they assigned it a name."

An amateur astronomer, Gunter was honored because of his 10-year-old bimonthly newsletter, "Tonight's Asteroids," which he mails to more than 500 subscribers from his home.

The IAU citation said Gunter's newsletter has sparked wide interest in asteroids and has inspired several professional astronomers to study them.

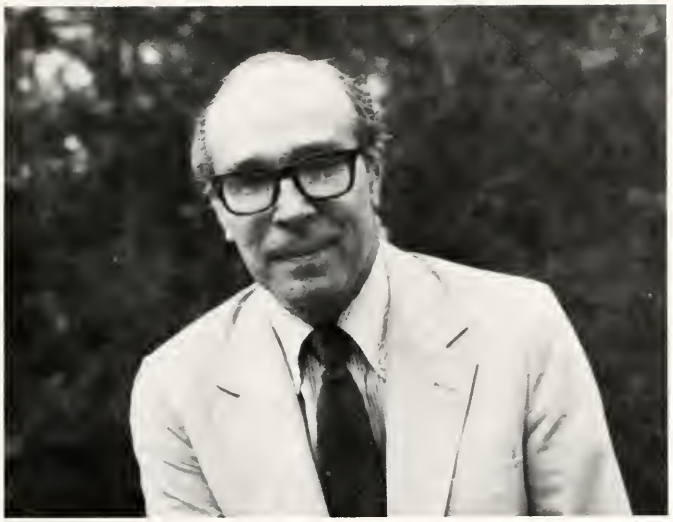
Another asteroid is already named "Gunter," so Gunter's asteroid was named "Jugta," incorporating the initials of his name and of his newsletter. Other asteroids were named this year for English naturalist Charles Darwin, Finnish athlete Paavo Nurmi and for Clyde Tombaugh, who discovered the planet Pluto.

Much smaller than planets and in some cases no bigger than boulders, asteroids circle the sun like so much celestial junk.

Gunter began a serious interest in astronomy in 1968 when he and his wife, Elizabeth, took a course at the Morehead Planetarium at Chapel Hill. He quickly developed a special interest in finding asteroids with the aid of telescopes and binoculars.

"It's the hunt," he said. "It's the pleasure of being able to find something up there that is maybe 100 miles in diameter and 100 million miles or so away." □

Monte Basgall is a staff writer for the Raleigh News and Observer, from which these articles are reprinted. The article about Cutchin appeared in the newspaper's "Tar Heel of the Week" feature.



Dean's Page

Another class of bright and able students began the road to Alumni Association membership this August and, as happens every year, all of us who met them were tremendously impressed by their intelligence, sensitivity and commitment. I am confident that another fine class is on its way.

The first days in medical school were made much less traumatic than they might have been by a thoughtful and effective orientation program sponsored as usual by the Whitehead Society and led by this year's Whitehead Society co-presidents, Bill Winkenwerder and Alix Lovitz, along with nearly 40 members of the second-year class who gave generously of their time.

I regret to report for those who have not heard that Floyd Denny has resigned from the chair of the department of pediatrics, effective in May 1981. Floyd is certainly among the most distinguished teachers and pediatricians in the country. He has been an important leader of our school for 20 years. He has inspired and taught hundreds of physicians, and his contributions in research are substantial. He built one of the best departments of pediatrics in the country. Fortunately, Floyd will remain with us as a strong and important member of the faculty, and while his shoes will be hard to fill, he leaves a department of such strength that I am confident that we will find another outstanding leader in pediatrics.

We now have search committees actively seeking chairs of medicine, obstetrics and gynecology, and bacteriology and immunology, as well as pediatrics. On all of these search committees, except bacteriology and immunology, there is strong representation of the Medical Alumni Association. The alumni who serve on these committees are making an extraordinarily important contribution to the school, and I want to take this opportunity to thank them for the many hours of hard work and extensive travel. They are Dr. John Chambliss ('43) of Rocky Mount and Dr. David Citron ('43) of Charlotte on the Medicine Search Committee, Dr. Ray Samuels ('61) of Charlotte and Dr. John Baker ('74) of Raleigh on the Ob-Gyn Search Committee, and Dr. James C. Parke ('54) of Charlotte and Dr. David Tayloe ('17) of Washington, N.C., on the Pediatrics Search Committee.

Stuart Bondurant

Uncertainty and humanism in medical education and practice

By Stuart Bondurant, M.D.

(The following was taken from the 1980 Whitehead Lecture which the dean delivered in August.)

I recognize the impossibility of definitive or comprehensive treatment of the subject of Uncertainty and Humanism in Medical Education and Practice. My purpose in addressing the topic is to suggest that some of our responses to the uncertainties of medicine, some of which I believe to be inescapable, are maladaptive in that they compromise the humanism of medicine. To repress or deny the uncertainties of medicine is to trivialize the profession and the complex human relations it involves.

My final line will be that I believe we should relish the uncertainties as being integral to the scope and depth of humanistic medicine and, while devoting our personal energies and those of our research programs to reducing uncertainty by expanding knowledge, skills and resources, we should help ourselves, our patients and the public understand and cope with the ultimate uncertainties which in the present state of our fundamental understanding are inevitable.

It is a mistake to believe that the problem of humanizing medical practice is either simple or new. It is not due to the growth of scientific medicine, for science and humanism can be complementary and are not inherently antithetical. It is not, in my view, due to avarice or stupidity or the purposeful admission of insensitive scholars to medical school or to deanships. It is not even due to the absence of appropriate role models among the clinical faculty. I wish the problem were so simple.

I believe the problem exists because the exquisite sensitivity and human understanding, wisdom and selflessness which must be sustained without interruption are at or beyond the very limits of accomplishment by the most dedicated and able human being. The maturing of the clinician has much to

do with the development of the perspectives and insights of humanism in medicine. The challenge is not easy because it continues despite the intelligent and dedicated efforts of the greatest men of medicine beginning with Hippocrates and including Sir William Osler, Francis Peabody and hundreds of others, including many who will read this column.

To begin the discussion of uncertainty I would like to add my personal observations to some of the analyses of uncertainty in medicine which have been made previously. A pioneer scholar in this field is Renée Fox who gave the Merrimon Lecture here last year. Dr. Fox has cited three sources of uncertainty in medicine related to knowledge: First the uncertainty which results from imperfect mastery of available knowledge by the individual physicians. Second is the uncertainty which results from limitations in current knowledge and third is the uncertainty which results from inability to distinguish between the two previous sources of uncertainty.

I would like to advance the notion that we had better learn to live with the uncertainties of knowledge because it appears that they will never be entirely resolved. A few quotations summarize the depth and extent of the uncertainties, or more precisely, the indeterminateness of mathematics and the sciences upon which scientific medicine rests:

"Mathematics is the most exact science and its conclusions are capable of absolute proof. But this is so only because mathematics does not attempt to draw absolute conclusions. All mathematical truths are relative, conditional."—A corollary of Goedel's theorem by Steinmetz

The uncertainty, expressed as probability, extends to physics: "It is impossible to trap modern physics into predicting anything with perfect determination because it deals with probability from the outset."—Sir Arthur Stanely Eddington

"It is impossible to measure precisely the momentum of a particle at the same time a precise measurement of its mass is made."—The Heisenberg Principle

Lest it appear that we are impossibly far afield from medicine, let me offer a clinical corollary of the Heisenberg Principle: "One cannot absolutely define the state of a sentient human being without changing that state." Put differently: Every encounter of a physician by a sentient patient influences the patient in some way and thereby causes uncertainty analogous to that of the Heisenberg Principle.

Nagel expresses what might be called the conditionality of probability: "Just as it is meaningless to speak of a body at rest or in motion except in reference to some other body so it is meaningless to speak of the probability of an event occurring or a set of propositions being true except relative to certain evidence or material assumptions."

These statements illustrate three characteristics of scientific knowledge, each of which is associated with uncertainty: indeterminate, probabilistic and conditional.

Not only is our knowledge ultimately uncertain but it is substantially incomplete. Dr. Floyd Denny has recently published the unchallenged statement that more than three-fourths of what we do in medicine is not based on adequate scientific evaluation. But the clinician must act and does act, and the mature clinician is rarely surprised. Our knowledge is of course better now than it has ever been and, perhaps most importantly, we are better able to define the scope of our ignorance or the degree of indeterminateness.

But there are sources of uncertainty in medical education and practice other than those which derive from the limitations of knowledge and I would like to mention some of them.

Humanism as source of uncertainty

A great array of uncertainty stems from the very humanism of medicine. The necessity for coping with the humanistic uncertainties of medicine in itself influences the humanism of medicine. Every patient knows that for him or her each encounter with a physician is unique and therefore uncertain. Every physician knows that each encounter with a patient is in some respect different from every other. And, neither patient nor physician ever knows exactly what to expect of the other. This is a very substantial uncertainty.

It has long been recognized that health care perceptions and needs of individuals are significantly conditioned by the characteristics of the culture. Dr. Fox has pointed out that in Zaire, where deterministic religion is a dominant force, there is little uncertainty regarding health or illness since it is perceived that outcomes are foreordained by spirits or gods. It is interesting to speculate that some of the uncertainty and skepticism regarding western medicine as illustrated by Norman Cousins or Ivan Illich may result from the reduction in determinism in western culture and some western religions. In terms of certainty, science can provide no substitute for faith.

Our nation has contained a broad range of cultures from its founding, broader, perhaps now than ever, and each patient and each physician plays out his or her role within the unmeasured perimeter of the culture whence he or she came. Unrecognized cultural diversity of patients and physicians is a substantial source of uncertainty in medicine.

Time and change

I will end the discussion of sources of uncertainty in medicine by citing time and change. It is a tautology to observe that biologic systems change. But certainty does not even come from this definition since the timing and the rate of changes of illnesses, patients and people is variable. And it may depend upon genetic factors, behavioral factors, environmental factors, or even factors related to interpersonal relations.

Doubtless, this list of sources of uncertainty is incomplete and I invite each of you in your own thinking to extend it.

I now turn to a consideration of a few examples of ways in which some of our adaptations to uncertainty influence humanism in medical education and practice.

Education an adaption to uncertainty

First, it seems reasonable to observe that medical education itself is an adaptation to the uncertainties. In broad terms one could define the purpose of medical education as a process designed to reduce the uncertainties of medical practice, through the acquisition of knowledge, skills, judgment,

wisdom, insight, patterns of behavior, competence, standards and performance which have appeared to be effective. Note how much more than transmittal of knowledge is necessary if education is to be effective. In its own way, medical education attempts to address the entire array of sources of uncertainty and in doing so it stretches itself well beyond the scope of many educational programs.

The depth and diversity of the curriculum limit the adaptability of the educational experience to the needs of the individual student or groups of students. One obviously maladaptive response to the information overload in medical school—and for that matter throughout a career in medicine—may be the overt dehumanization of medical education by the concentration on knowledge—or even information—at the expense of gaining experience and wisdom in the human application of the knowledge. It is easier to teach and evaluate information than to teach and evaluate humanistic performance of complex tasks. Indeed, our capability of teaching clinical practice other than by precept and experience is so limited that Dean Whitehead would recognize most of it at once.

There is another response to the information overload in medical education which I believe to be maladaptive though there are many who would disagree. This is the effort to limit the uncertainty related to personal mastery of knowledge by limiting the scope of the field of knowledge. One version of this approach involves identifying a "core" of knowledge, often compiled into a syllabus and delimiting the educational responsibility of the student by the facts contained therein.

It is argued that this can be both humane and humanistic but I don't think so. It seems to me that the act of delimiting the knowledge expected of students defines a technical discipline rather than a profession. In "coring" the information base of its curriculum, medical education shields its students from the uncertainty of the perimeters of knowledge at the necessary cost of redefining itself as a technology rather than a profession. Dr. George Engle once pointed out that the core is the part of the apple we throw away.

Specialization has been viewed by some as a means of limiting the information base needed by the physician but many find that the depth of information needed in the specialties compensates for the narrowing of scope so that the information content remains greater than any one individual can master. Only if the specialties are themselves "cored" do they offer relief of uncertainty.

While formal specialization in medicine is often said to be a phenomenon of the last 50 years and is often said to be the cause of dehumanization of medicine, it is worthwhile to see these observations in the perspective of Herodotus (Book II, 450 B.C.):

"The practice of medicine is divided in many branches, so that each physician treats one disease and no more. Therefore physicians abound, some for the eyes, some for the head, some for the teeth, some for the belly, and some for the obscure ailments."

But what is the solution if it is not to delimit the scope of knowledge? I believe that medical school is the proper and best time to learn what every thoughtful physician must know and live with. He/she can know enough to give good and responsible care but he/she cannot know everything. And no one can foretell the information needs which will be posed by his/her next patient. The secret is to learn to learn and to learn to keep learning rather than to have someone else establish a limit on the learning which is necessary.

Conclusion 1 - Learning is an important response to uncertainty. Learning is incomplete if it is limited to acquisition of information. To be complete it must include learning of judgment, wisdom and human understanding including self-understanding.

Research

A second type of response to uncertainty related to knowledge addresses Dr. Fox's second category, uncertainties related to limitations of current knowledge. Biomedical research has a distinguished record of producing knowledge which limits uncertainty. Like other research, biomedical research has an image of inhumanity and is in fact viewed by some as an inhumane response to medical uncertainty.

Now I would not argue that all biomedical research has met satisfactory humanistic standards for there are clear examples of the conduct of dehumanizing research. But I would argue that most of these examples (the injection of cancer cells into unknowing subjects in New York, the withholding of treatment for syphillis in Alabama, for example) are old and that the societal safeguards which have been put in place have so far proved to be effective in assuring that biomedical research is not inhumane. Indeed, there is evidence that the current regulations of the Food and Drug Administration, for example, act anti-humanistically by delaying the development and availability of new treatments.

Conclusion 2 - The acquisition of new knowledge through biomedical research can be a humane and effective means of responding to uncertainty in medicine. Since every physician at some time uses the new information produced, every physician should support programs of biomedical research directly or indirectly as a part of his or her professional responsibility.

Personal experience

A third means of coping with uncertainty is through that form of learning which is represented by personal experience and the citing of personal experience to the patient as a basis for action. Certainly this response is a key to competence and judgment. But when not modulated by the observations and wisdom of others, this response has always been dangerous. It led to such medical disasters as bleeding, purging, and laetrile and innumberable idiosyncratic practices of individual physicians. On the other hand, it has also led to great advances. Ethical and humanistic principles require us to give each patient the full benefit of our experience as well as full knowledge of the limits of our experience.

It seems to me that there has been a substantial cultural change in this coun-

(Continued on page 12)

An 'eye' view of medical care in the Peoples' Republic of China

By Ira A. Abrahamson Jr., M.D., Class of '46

On March 17, 1980 a geographically selected group of oculo-plastic-lacrimal surgeons, departed from San Francisco in a deluxe Japanese 747 jetliner and flew non-stop to Tokyo International Airport. After an overnight stay, we departed the next morning in a not-so deluxe, or fancifully equipped, Chinese jet for Peking. Our ophthalmic group was organized by Texan Everett Veirs as a result of his meeting one of China's prominent ophthalmologists from the Tong Ren Hospital in Peking during the latter's visit to the United States for the American Academy of Ophthalmology meeting.

At the invitation of the Academy of Science of the Chinese government, we were each asked to prepare three lectures and bring whatever teaching material that we wanted to give to the Chinese and in return we would visit hospitals, carry on seminars, make hospital ward rounds, give lectures and exchange ideas with our Chinese counterparts.

The most impressive image I have of China is the people. When we arrived in Peking with its population of more than 11 million, the most prominent feature in my mind was people, people and more people, many of them riding bicycles. There are almost a billion people in China and 70 percent of them own bicycles.

Before leaving the United States we did not know where we would be going in China or at which hotels we could be reached. All travel is controlled by Luxingshe — The Chinese International Travel Service. Upon arrival in Beijing (Peking) they gave us our itinerary in China which consisted of first visiting the capital of Beijing for five days, to Changchun (the movie and automotive capital) in a small plane; then by a train reminiscent of the old movies I had seen of the "Orient Express" to Shenyang, a big (three million people) industrial city.

Abrahamson with clinic ophthalmologists on hospital rounds in Kwangchow

From there we flew to Shanghai, the largest city in China with more than 13 million people, and took a side trip to Hangchow. Hangchow is the center for silk as well as growing the famous Dragon Well green tea. Its population is three million. From Shanghai we flew to Kwangchow (Canton) and then traveled by train to Hong Kong which was our exit point from mainland China two and a half weeks later.

The hospitals in each city were modeled after the Peking hospital and were similar in appearance in the reception and clinical areas, as well as with patient and medical care. Our typical day, which was similar in each city, was as follows: up at 6:30 a.m., breakfast at 7:30 and departure at 8:30 to the hospital in a minibus. The staff (10 to 15 in number) would line up at the front entrance of the hospital to greet us. As we would exit from the bus they would clap their hands in welcome. There were even small signs welcoming our group. After handshakes we proceeded into a small conference room where Dr. Veirs would sit at the head of the table with their hospital director. Several of their ophthalmologists could speak English, but if that was not the case, interpretors would help us exchange ideas. After a brief orientation, we would all make ward rounds, visit clinics, see patients and so forth.

The hospitals were dated but were fairly clean in the areas we visited. They reminded me of our hospitals of 30 years ago. The rooms consisted of semi-private-two beds and wards consisting of 10 to 12 beds. The beds were of the old metal frame type and the walls were bare, without pictures. The laboratories and clinics were not modernized, though they did have some

Dr. Ira A. Abrahamson Jr. received a certificate in medicine here in 1946 after earning his bachelor's degree from UNC-CH in 1944. A member of the School of Medicine's Co-Founders' Club, he practices ophthalmology in Cincinnati and is associate clinical professor at the University of Cincinnati College of Medicine. Abrahamson is the author of "Know Your Eyes."

new up-to-date instruments on display. The best feature I noted was a fundus slit lamp which projected the image of the fundus on a screen, to be observed by those other than the examiner, who was looking at the patient's eye. I have yet to see that instrument in this country.

I noted the surgeons did not use loops or a microscope when operating. One hospital had a new Zeiss surgical microscope covered up in a corner. Since it was not used, I suggested that they gain practical experience using the microscope by removing corneal foreign bodies and then once they perfected that technique, they could use the microscope for performing fine, more detailed surgery such as cataract removal or corneal transplantation.

In four of the cities we visited, we were invited to put on white coats, caps and masks to enter the operating room and observe surgery. Although the operating rooms were old-fashioned, I thought the surgery that we observed was quite good. They used sterile techniques and I would say they were good technicians. Surgery was performed painlessly under local anesthesia as well as with acupuncture.

After the surgical rounds were completed, we would reassemble in the conference room to discuss some of the patients we had seen. Then we would take a bus ride back to the hotel for lunch and after a one-hour break would return to the hospital where we would meet in an auditorium for presentation of a series of lectures which were translated simultaneously. We had previously prepared 15-to-20-minute talks which had to be shortened to five to 10 minutes, because of the "one sentence" procedure necessary for the translation process.

Our hosts were very hospitable and courteous and eager to learn our ways, but they also let us know that their techniques were good and even got on the program with short papers of their own that previously had been published in Chinese journals. The audiovisual material was quite sparse. They had only one 35 millimeter carousel projector at each hospital and a 16 millimeter movie-sound projector.

We also observed the general medical care available in the city and rural communes. Each has its own hospital consisting of 75-150 beds. The com-

Acupuncture needles in place in patient at Bethune Hospital, Changchum

The operating room in Tongren Hospital, Peking

munes also have their own clinics, which are not well equipped, but adequate, and the medical care is satisfactory for the people. "Barefoot doctors" are in abundance and are like our military corpmen. They treat colds and minor injuries, deliver babies, give lectures on birth control and the like. They refer patients to the commune hospitals where technicians check eyes and treat minor diseases, but serious problems are referred to eye centers such as the ones we visited in the large cities.

Since this is a communistic country and medicine is socialized, medication, glasses and the like are dispensed at hospitals that are similar to our general, county or charity hospitals in this country. I was, however, surprised at the small number of people who wear glasses. Medicare is almost free as the people pay two yuan per year for their health plan. One and one-half yuan equals one U.S. dollar. People who are ill can be treated free in their own commune hospital. However, if they travel to another city and need to be treated in another commune, they must pay for the treatment. This is very different from the socialized health program in England, where the people can present their health cards in any city throughout the country and receive free treatment and are not confined to one local area for the service.

A ward in First Eye Hospital, Kwangchow

Pandas actually are not bears. Rather, they're members of the raccoon family.

Speaking of the yuan, you might be interested in knowing that the average person earns 35 to 50 yuan per month. The physician, actor, actress, professor or government official earns up to 130 yuan per month, or about $85 per month. Thus you see, the physician may not live in the luxury he or she is so privileged to do in this country. A bicycle costs 150 yuan ($100 U. S.) and a 12-inch, black and white TV set costs 400 yuan ($250 U. S.).

Before closing, I thought you might enjoy a story in which I got involved. When word got out in Cincinnati that I was preparing to go to China, the Zoological Society engaged me to act as an official representative to obtain two pandas for our zoo in "exchange" for two rare white Bengal tigers. After meeting the director of the Peking Zoo, and presenting her with my credentials, I convinced her how great it would be for them to obtain the two tigers, of which Cincinnati has several. I learned that they do not "exchange" animals, only the Chinese government, the premier or presidium could make a gift of the pandas—not zoo officials.

An arrangement was made to meet with the secretary of forestry, who is equivalent to our secretary of the interior. At that time, I sold him on the idea of China getting the tigers. He could not guarantee our getting the two pandas, as they are also quite rare. In fact they had promised two of the bear-like mammals to the West German government a year ago and still have not delivered them. I mentioned to the secretary, that throughout my entire tour of China I saw signs advocating "friendship between China and the other countries throughout the world." Therefore, to further the friendship between China and the United States, and since this was a presidential year, I suggested the idea for the Chinese government to give two pandas as an election gift to the incoming president and his government. In return, if the two pandas found their way to the Cincinnati Zoo, I would personally guarantee them two rare white Bengal tigers, not as an "exchange," but as a gift from the United States government.

So if at some future date you read about two pandas being sent to the Cincinnati Zoo, think of your old alumnus and friend as being responsible for this transaction. □

Whitehead Lecture

(Continued from page 8)

try within the last two decades in the extent to which many patients are conditioned to rely on the experience of an individual physician. There are fewer individual giants in clinical medicine today and those who exist do so most often because of special technical skills. While many patients still seem to prefer and need a physician whose relation is paternalistic, a larger number prefer and need a physician who is a mature and sympathetic counselor drawing on the entire experience of the profession. Certainly, personal experience can be the greatest facilitator of all other forms of learning.

Conclusion 3 - Acquisition of personal experience tempered well by the experience of others and transmitted in honest perspective to patients is an effective way of dealing with uncertainty in medical education and practice.

Authority, orthodoxy

A fourth response to uncertainty is the invocation of authority or orthodoxy to mask uncertainty. It was the use of this response after Galen in 200 A.D. which slowed the development of medicine for a thousand years. The response suffers from being general and not specific. It assumes that the conditions in the given patient are comparable to those which produced the generalization and that the probabilities are appropriate to the case.

For the individual physician and patient, however, this is often a sound and humane device when there is no other basis for decision. To be humane, however, the expression of authority or orthodoxy must be expressed in the vernacular of the culture of the individual patient. The physician must be aware that he is purposefully masking uncertainty in order that he can remove the mask if future events require it.

This response to uncertainty can bring the patient and the physician to work together with mutual understanding or it can be used as a device to put distance between the patient and the physician through the interposition of a third party.

Conclusion 4 - The skillful use of authority and orthodoxy to mask uncertainty for the individual patient can be humane provided that it is adjusted to the individual patient and the physician is sensitive to its limitations. Authority and orthodoxy are inadequate substitutes for understanding on the part of the student and the physician as a response to uncertainty.

Transference

A fifth device for coping with uncertainty might be called transference wherein the physician simply transfers the uncertainty to someone else. It can be transferred to the patient or his or her family, as by saying, "These are the choices, make up your own mind." It can be transferred to a consultant. A common transference in the academic medical center is to a group by saying, "We will decide on rounds." It can be transferred to a health care system such as the Veterans Administration or an HMO.

In all of these, the uncertainty is unchanged but in Heisenberg's terms it is redistributed. Sometimes this is quite appropriate as in those instances when a patient or family wishes to assume full authority without even advice from a physician or when a consultation is in fact appropriate. The transference of the resolution of uncertainty to a closed practice system, as for example the choice of which drugs are stocked in a pharmacy, can also be humanistically neutral. But transference, like masking of uncertainty, more likely simply limits the scope and effectiveness of the physician for he or she is removed from the crux of the enterprise.

Conclusion 5 - A physician can transfer some uncertainties to others but in doing so he/she also transfers an important essence of the relation to the patient.

Overt suppression, denial

The final response to uncertainty in medicine which I will discuss is overt suppression or denial. This response is more prevalent than one might suspect at first glance when most of our assurances to patients are nowadays highly conditioned and often expressed in terms of probability and when both malpractice liability and consumerism lead to full disclosure. But we often hear of an "ideal" solution or procedure or a "complete" workup when we know of course that these are terms which deny uncertainty.

Conclusion 6 - Suppression or denial of uncertainty trivializes medicine and is inconsistent with humanism in medicine.

There is another dimension to the uncertainty in medical practice which grows from the physician's obligation to serve society as well as his or her individual patients. This uncertainty is well illustrated by the recent reports of cytogenetic studies on people living near the Love Canal in New York and by the dispute between a Committee of the National Academy of Science and the American Heart Association as to the danger of dietary cholesterol.

In both cases, the public at large, many of whom are potentially personally affected, has been brought into the midst of apparent genuine and substantial scientific uncertainty of a kind about which every physician should have some insight. Here I believe the physician has an obligation to respond both by participating as appropriate in the public dialogue and by assisting his/her own patient in dealing with the uncertainty.

I believe that we should accept and cherish the inevitable uncertainties of medicine and medical education which derive from the marvelous array of differentiation which is mankind and form the conditionality, probability and indeterminacy which are a part of science.

By our own learning and our support of research we should work to reduce the uncertainties related to deficiency of knowledge.

But also, we should cultivate our ability to deal positively and honestly with uncertainty. We should learn to understand our own reactions to uncertainty so that we can ensure that our own responses to uncertainty do not relieve us at the expense of our patients and students. □

UNC-CH in the news. . .

Two news conferences earlier this fall drew widespread media coverage of activities at the School of Medicine and North Carolina Memorial Hospital.

At the first news conference, the establishment of a new Center for Environmental Health and Medical Sciences at UNC-CH was announced. The center has received an initial grant of $400,000 from the Environmental Protection Agency, as part of an extensive collaborative agreement between EPA and UNC-CH.

Dr. Philip Bromberg, professor of medicine, has been appointed acting director of the center. He is a specialist in pulmonary medicine and has directed numerous studies of the effects of air pollution on respiratory function.

The second news conference concerned two statewide programs being undertaken by a team of infection control specialists in cooperation with the State Division of Health Services.

One program is aimed at reducing hospital-acquired infections in hospitals across the state. The other will survey hospitals throughout North Carolina to identify those that are suitable for caring for tuberculosis patients. This TB management program also is designed to bring physicians up-to-date on TB treatment.

The director of the UNC-CH team is Dr. Felix Sarubbi, associate professor of medicine and head of infection control for the hospital. The team also includes Dr. William B. Wood ('56), director of continuing medical education, Dr. William Ratula, an infection control specialist, and Virginia Kennedy, an infection control nurse practitioner at N.C. Memorial.

Bromberg explained that the environmental health center has been created "to facilitate interchange and collaboration among investigators who are working on similar studies, so we can develop a more powerful, concerted attack on specific health problems."

Initially, the center will focus primarily on the human respiratory system and how its development and functioning are altered by certain pollutant gases, including ozone, oxides of nitrogen and oxides of sulfur, and by particulate pollutants.

"As soon as possible, we would like to broaden our scope and look at health problems associated with various industrial and agricultural activities, and especially those problems that are of particular concern in North Carolina," Bromberg said.

Sarubbi said the statewide infection control program will be one of the most extensive and well-organized programs of its kind in the country.

Most hospitals support some type of infection control effect, but according to Sarubbi, there is little standardization in the field and few training programs for people interested in learning infection control.

Since 1977, the UNC-CH medical school's AHEC program has supported a project directed by Sarubbi that provides infection control assistance to a number of community hospitals. Now, with support from the Division of Health Services, that effort is being expanded to provide more consultative services, infection outbreak help and educational programs to hospitals all over the state.

Sarubbi's infection control program at N.C. Memorial Hospital is recognized as one of the most advanced and successful in the country. Before it became active in 1975, about six percent of the hospital's patients developed infections. The infection rate is now three percent.

Discussing the TB management program, Sarubbi noted that North Carolina has the nation's seventh highest TB attack rate. Last year the state recorded 17.7 cases per 100,000 population. The national average is 12.6.

Members of the survey team from Chapel Hill hope to visit about 75 hospitals in North Carolina to see how well they meet several criteria for the proper treatment of TB patients. □

Dr. Philip Bromberg describes the collaborative agreement between UNC-CH and the Environmental Protection Agency during a news conference this fall at the School of Medicine.

His seat may not be best in house, but Huffines ('55) knows the score

A lot of people may envy Dr. Bill Huffines ('55) at this time of year. Each time the Carolina men's basketball team plays at home, Huffines sits front row, center court.

But he says you can't exactly call it the best seat in the house. The official scorekeeper for Tar Heel home games since 1974, Huffines said, "it might be the best seat if you weren't keeping score. But you don't see the game as you would as a spectator. You're always looking for things you have to keep track of."

Huffines' responsibilities include making sure the names and correct numbers of the players of both teams are in the score book, and that he has the starting lineups at least three minutes before the start of the game (and again before the start of the second half).

"It used to be 10 minutes, but they changed it," he said. "Many times the visiting coach won't reveal his starting lineup until he sees who the home team is starting."

Since the Atlantic Coast Conference alternates possessions in jump ball situations after the opening tap, the official scorekeeper has to make sure the possession arrow is always pointing toward the right team.

"The first game this rule was used, both coaches were a little leery."

Huffines has to keep track of who's in the game by making sure each player reports to the scorer's table before entering the game and that the same five return after a time-out—unless, of course, a substitute reports during the time-out. In the latter case, it is the scorekeeper's responsibility to see that the substitute is not himself substituted for before the clock starts.

Huffines also must keep track of how many time-outs each team takes and how many fouls each player is charged with (five's the limit in either case).

"During one game, Hank Nichols, who's a very respected ACC official, called a foul on a certain number. I blew the horn and asked him to repeat the player's number, which he did. Then I blew the horn a second time, and he came over to see what was going on. I had to explain that that particular player was not in the game.

"I keep two sets of records," Huffines says. "One is the official record and the other a shorter one I use to double check myself on fouls, time-outs and ball possession."

And the official scorekeeper also keeps the official score. An official score occurs not when the ball goes through (or appears to go through) the basket, but when the referee signals "two points."

In an exhibition game with the Soviet national team, one of the visiting players attempted a shot that, from Huffines' perspective, appeared to go in.

One official also thought the shot went in and signaled "two points" which went up on the scoreboard. The other official, however, had a better angle, and at the next time-out had the two points taken off the board.

This caused a small controversy, but an international incident was avoided.

There was some interstate controversy at a game in Charlotte when a University of Louisville player made a basket, but neither official signaled it good.

"I wouldn't let them put it on the scoreboard," Huffines said. After some heated discussion was intitiated by the visiting coach, "I asked the referee if the basket was good or not. I was just waiting for his signal." Once the goal was confirmed by the official, the points were duly awarded.

Despite all the work involved in paying close attention to so many details and keeping the referees straight, Huffines' job has its enjoyable aspects. For one thing, he has an excellent view of some of the sport's best entertainment.

"It's always interesting to hear the interplay between the coaches and officials. Coaches like Lefty Driesell are very entertaining."

Sometimes, Huffines isn't just a spectator when a coach performs.

"Occasionally a visiting coach will question the number of fouls or ball possession. The home coaches seldom raise questions with me."

(Each team has its own unofficial scorer, but if there is any dispute, the referee goes with Huffines.)

In one game against N. C. State, Wolfpack Coach Norm Sloan jumped off the bench when a Carolina player checked into the game after a brief but sufficient stop at the scorer's table.

"He came over and asked, 'Did he

report in?' and I said, 'yes.'" Huffines recalls. "Sloan gave a sly smile and said, 'Yes, I know they always do over here.'

"Later on, a State player went into the game and really didn't report. Even though the scorekeeper has the right to call a technical foul in this situation, I just called him back (to check in)."

Huffines emphasized that as official scorekeeper he works hard to be completely fair, as does the official timekeeper, Dr. Ted Oldenburg, professor and chairman of pedodontics in the dental school.

In another State game a few years ago—one which characteristically went down to the wire—a Wolfpack player made a shot at the final buzzer. But was the ball in the air when the horn sounded? If so, State wins; if not, Carolina wins.

"The referee questioned all four of us (scorekeeper, timekeeper, and each team's scorekeeper). I thought the ball was in the air, but it was painful to say so," said Huffines, who earned a bachelor's degree here in 1951, in addition to his M.D., which he received in 1955.

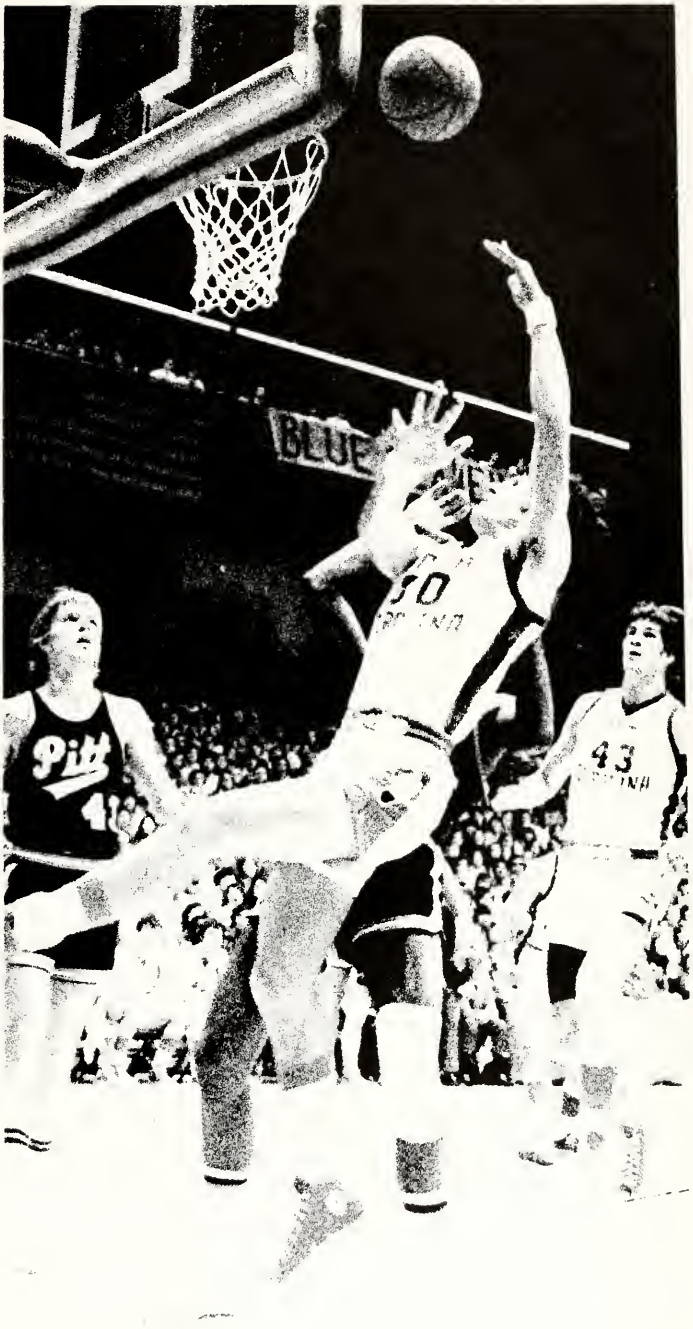
In real life, Huffines is professor of pathology, associate dean for basic sciences and director of the division of medical sciences teaching laboratories. He gained the added responsibility in Carmichael Auditorium because, like any loyal Tar Heel, he does what Coach Smith asks.

"The official scorekeeper and timekeeper are selected by Coach Dean Smith and the basketball office. Coach Smith has always tried to get people from the professional schools," Huffines explains.

His immediate predecessor as scorekeeper was a law profesor who resigned from the faculty in 1974 to go into private practice.

"I received a letter from Coach Smith inviting me to serve as scorekeeper, which I was happy to try. I'm sure he got some recommendations first, but I don't know from whom."

In accepting the job as official scorekeeper for Carolina's home basketball games, Bill Huffines is following in the footsteps of another medical school alumnus and faculty member who held the post during the '60s—a member of the class of '49 named Chris Fordham. □



Extracts

"We're looking for novel approaches to dealing with teen-age pregnancies," says Dr. William E. Brenner, professor of obstetrics and gynecology. "Present methods don't seem to be working well because child pregnancies still exist, they're becoming more frequent and there's still abuse and neglect among teen-agers who have babies."

Brenner, who was instrumental in the forming of a new obstetrics clinic for teens, says that it's time to recognize not only the problems of one million teen-agers becoming pregnant each year, but that pregnant teen-agers have very, very special needs.

The teen-age clinic, which opened at N.C. Memorial in July, is made up of a team of physicians, nurses, social workers and nutritionists trying to meet not only the special health needs of a pregnant teen-ager who's still growing mentally and physically, but also the special social needs both during and after her pregnancy.

The clinic is opened on Thursday nights so that patients can come for visits without having to miss school. They are welcome to bring their parents, husbands or boyfriends. After check-ups, the mothers-to-be get together for discussions with other patients and members of the professional staff to talk about concerns.

Susan Godfrey, charge nurse for the teen clinic, says discussion groups help "patients get to know each other, share common concerns and feel a little more open."

Several faculty members and residents in the department of family medicine served as team physicians for the Chapel Hill High School football team this fall.

But instead of just treating the team's medical problems, they concentrated on trying to prevent them.

During summer, even before practice started, the doctors and coaches devised a plan for evaluating the strength and stamina of each player. The players' heart rates were checked before and after exercise to test the condition of their cardiovascular system.

"The kid whose cardiovascular endurance isn't up to par is more likely to get into trouble with heat exhaustion, cramps, sprains and other types of injuries," said Dr. Edward Shahady, chairman of family medicine. "That's the kid who will tire out faster, and when you're tired, that's when the injuries occur."

Another test gave a rough measurement of the amount of body fat each player was carrying. The higher the ratio of body fat to total weight, the greater the risk of heat exhaustion.

He said the test results were given to the football coaches, along with advice on the type of training program that would be best for each player.

Jimmy Young, Chapel Hill High's head football coach, said the conditioning tests gave his staff a good idea of the kind of shape the team was in and accurately identified those players who needed a little extra attention.

The players also had a doctor keeping an eye on them. Every afternoon when the team took to the practice field, Shahady or one of his residents was there.

Shahady said the presence of a doctor on the sidelines takes a lot of pressure off the coaches.

He said his department's association with the high school team grew out of his belief that family doctors should know something about sports medicine. His dream, he said, is for every high school football program in the state to have a family doctor as team physician.

A surgeon at N. C. Memorial Hospital is implanting blood vessels from cows into the arms of some hemophilia patients to make it easier for them to receive life-saving injections.

When hemophiliacs have episodes of bleeding, they are given shots of the blood product factor VIII which helps their blood clot. But repeated injections are hard on a person's veins—scarring them and making them hard to find, said Dr. Harold Roberts, director of the Comprehensive Hemophilia Diagnostic and Treatment Center in Chapel Hill.

Dr. David Jones, a family medicine resident, advises Chapel Hill High School football player Chris Clark on how to take care of his injured foot. Clark, a linebacker, turned the foot during a practice session early in the season. Jones and other family practice physicians served as team doctors for the high school squad this year.

Extracts

To solve the problem of hard-to-find veins, Dr. Stanley Mandel, a vascular surgeon, has replaced damaged veins in patients' arms with the carotid arteries of cows. The eight-inch lengths of new vessels, implanted in each upper arm, hold up better and are far easier to stick with a needle than the patient's own veins.

"We've been innovative in using this method with patients who really have no alternative," Mandel said. "It may turn out to be a life-saving procedure for a small group of people because, if you can't get the factor VIII into the bloodstream quickly, the patient could die."

Doctors in four North Carolina communities will take part in a study to see how well they observe their own standards in caring for patients with three types of female cancer.

The three-year study is being funded by a $421,000 grant from the National Cancer Institute and will be coordinated by the Cancer Research Center of the School of Medicine.

Dr. Wesley Fowler, associate director of the cancer center and head of the division of gynecologic oncology, said physicians in each location—Charlotte, Chapel Hill, a multi-county area around Rocky Mount and a city yet to be determined—will establish their own criteria for the proper treatment of women with cancer of the breast, cervix and endometrium (outer layer of the uterus). After a year, study coordinators will review the medical records of all the patients in the test communities who have been treated for one of those cancers.

In addition to measuring how well physicians in each area observe their own standards, Fowler said the study will reveal any significant differences in the patterns of care provided in a big city (Charlotte), a largely rural area (the Rocky Mount area) and an academic medical center (UNC-CH).

"The ultimate goal of this comparison is to make sure that patients in every part of the state have access to essentially the same quality of care," Fowler said.

Cindy Kupper, supervisor of the peripheral vascular lab, demonstrates the lab's ultrasound scanner. The scanner is used mostly to check for obstructions in the carotid artery that would interfere with blood flow to the brain.

A machine that turns sound waves into moving pictures is helping specialists at North Carolina Memorial Hospital detect obstructions inside blood vessels that can lead to strokes and other serious problems.

The Duplex Ultrasound Scanner is the newest diagnostic tool in the hospital's peripheral vascular lab. The scanner produces television-like images that clearly show the size, shape and internal structure of blood vessels.

It works by transmitting harmless, high-frequency sound waves into the skin and then measuring the waves that bounce back. Differences in the reflected waves, caused by differences in the density of various internal parts, are translated into visual images.

Using similar technology, the machine simultaneously monitors blood flow in the vessel being studied and translates this movement into sound. Changes in sound can indicate turbulence or other flow problems.

"The machine lets you limit what you're hearing to one tiny area of the vessel you want to study," explained Dr. Steven Burnham, director of the vascular lab. "So if you have flow in an artery going one way and a vein going the other way, you can choose the one you want to listen to, even if one is lying on top of the other."

By looking and listening, lab personnel can pinpoint deposits of plaque that may be closing off an artery. So far, the technique has been used mostly to check the carotid artery in the neck. Excessive narrowing of this vessel, which carries blood to the brain, can cause a variety of problems, including stroke.

Patients referred to the vascular lab for testing are mostly those who already have suffered a mild stroke or who have suspicious symptoms, such as periodic weakness, numbness or speech difficulties. Even if a patient has no symptoms, his doctor may want to have him checked if the carotid artery is making an unusual sound. □

Class Notes

Manning-Berryhill Club

E.A. Rasberry, C. Med. '39, Wilson, was reappointed clinical professor in the School of Medicine's department of medicine in July.

40s

Jules Amer, C.Med. '45, Denver, says that his daughter Janette began undergraduate school at UNC-CH this year.

George W. Farris, C. Med. '46, retired from practice in May and has moved from Deerfield Beach, Fla., to Stuart, Fla.

Harry G. Walker, C.Med. '49, has been in practice for 28 years in Statesville and says he has "no plans to move."

50s

Robert A. Farmer, M.D. '56, Vacaville, Calif., says he's been a resident in psychiatry at Napa State Hospital since he retired from the U.S.A.F. service Sept. 1979. He also says he's looking forward to his 25th class reunion next spring.

Thomas J. Mauro, HS '58-59, who's been in practice in Laguna Beach, Calif., since 1962, was sworn into the California State Bar as an attorney this past July. He and wife Karen have six children.

60s

Gary R. Noble, HS '62-65, left this past August for a year of study at the John Radcliffe Hospital in Oxford, England. He will be studying lymphocyte-mediated responses to influenza infections.

Since last December he has been director of the WHO Collaborating Center for Influenza at the Center for Disease Control in Atlanta.

Wayne B. Venters, M.D. '64, Jacksonville, is practicing orthopedics with a physician's assistant and says he would be happy to discuss it with anyone.

James W. Rose, M.D. '64, says he's "turning the crank" up in Madison, Wis., where he's practicing internal medicine at the Dean Clinic.

John C. Triplett, M.D. '69, Grand Junction, Colo., tells us that the oil shale industry has enlisted his help to establish a Health Surveillance Program from his primary care office of general internists.

G. William Bates, M.D. '65, is an associate professor and director of reproductive endocrinology at the University of Mississippi Medical Center in Jackson.

Charles P. Nicholson Jr., M.D. '65, Morehead City, is a councilor for the second district of the North Carolina Medical Society.

W. Bev. Tucker, M.D. '66, is living in Henderson, where he's practicing family medicine in a four-man group. He says he's enjoying playing tennis, skiing and serving as councilor on the sixth district of the North Carolina Medical Society and as third vice-president of the Seaboard Medical Association.

Ruth Harrell Capp, HS '61, announced the opening of her psychiatry practice in Tucson, Ariz., in March.

John L. Monroe, M.D. '62, Pinehurst, spent two weeks in late June and early July in Great Britain, where he took an intensive course on the National Health Service at King's Fund College in London. "This certainly was an eye opener," he says.

Dave M. Davis, M.D. '63, is in a private practice of adolescent and adult forensic psychiatry in Atlanta.

James L. Williams, M.D. '64, is practicing orthopedics in Spokane, Wash., where "Mt. St. Helens is our only problem," he says.

Howard Holderness Jr., M.D. '65, says he's planning to return to North Carolina in January to open a plastic surgery practice in Greensboro after more than 15 years in California.

W. Frank Steele, M.D. '66, has a private practice in general and vascular surgery in Valdese.

Linda Hall Jackson, M.D. '67, is a staff child psychiatrist at the Menninger Foundation and assistant to the director of the Menninger School of Psychiatry in Topeka, Kansas. She and husband Howard have a 10-year-old son, Michael.

James B. Hammond, HS '66-67, completed consultation in hospital infection control at Gorgas and Coco Solo in Panama last March. He and wife Helen combined the trip with pleasure as they travelled through Panama, the San Blas Islands, Costa Rica and Guatemala. "For me it was a return trip to Costa Rica and Guatemala after 12 years following a tropical medicine fellowship," he says.

Vartan A. Davidian Jr., M.D. '67, is president of the department of surgery at Raleigh Community Hospital and has been elected president of the North Carolina Society of Plastic and Reconstructive Surgeons.

Charles "Chuck" Clarke Jr., M.D. '67, wife Karen and twin daughters Robin and Gray are still in Las Vegas, N.M., where he's practicing ob-gyn with a partner. He says he's looking for a third member to join the team.

Ann W. Baxter, Ph.D. '67, Clemson, S.C., has been teaching and doing research for 13 years at Clemson University, where she's a senior faculty member in the department of microbiology. She says her grandson, Edgar R. Wood III, started studying at UNC-CH this year for a B.S. in biology.

70s

Joe M. Jones, Ph.D. '70, Little Rock, Ark., is the recipient of a 1980 Research Career Development Award from the National Cancer Institute.

J. Richard Auman, M.D. '71, HS '72, is a staff urologist at the Naval Regional Medical Center in Charleston, S.C., and a clinical associate professor at the Medical University of South Carolina. He says wife Judy is busy in music and the hospital wives club.

Eng-Shang Huang, Ph.D. '71, is an associate professor in the UNC-CH department of medicine and the Cancer Research Center.

George C. Venters, M.D. '71, is practicing orthopedic surgery with four associates at the Bone and Joint Surgery Clinic in Raleigh.

Ben Goodman, M.D. '72, is the director of the residency program in the department of family medicine at the Medical University of South Carolina in Charleston.

Selman I. Welt, M.D. '72, Durham, says he'll be returning to N.C. Memorial as a consulting faculty member in ob-gyn to work on fetoscopy as a new intra-uterine diagnostic technique.

Shep McKenzie, M.D. '74, says he's currently in an ob-gyn practice in Raleigh with **Chris Heaton, M.D. '72,** and Rick Kamm. McKenzie and wife Sandy have two children, Alison and Sheppard.

William F. Cox Jr., M.D. '74, is an associate pathologist at Lutheran Medical Center in Denver and also is on the faculty of the University of Colorado Health Science Center. His wife, Joy, practices law in Denver.

Donald W. Floyd, HS '74-75, says he's now an orthopedic surgery resident at the University of Texas Health Science Center in San Antonio after spending three years as a flight surgeon with the Air Force stationed in Germany.

David M. Reid, M.D. '75, has moved out of Chapel Hill after what he calls "a long and well-loved stay." He's now in a private psychiatry practice and working at Dorothea Dix Hospital in Raleigh.

Robert H. Lester, M.D. '75, has been in a private practice since July 1979 with Gaston Gynecology and Obstetrics in Gastonia. One of his partners is **Jnel Conner, M.D. '57.**

Henry N. "Hank" Nelson, M.D. '75, has set up a urology practice in Melbourne, Fla.

Dallas C. Craven Jr., M.D. '75, has completed a general surgery residency at the University of Iowa in Iowa City and has joined a general surgery practice in Charlotte. He and wife Kathy have two daughters, Kelly and Leslie.

Dennis E. Mayock, HS '75, has completed his second year of a neonatology fellowship and has joined the University of Washington faculty as acting instructor in neonatal medicine. He also has been appointed as a neonatology consultant at the Swedish Hospital Medical Center in Seattle.

Charles J. Parker, M.D. '75, has begun the third year of a hematology fellowship at Duke University Medical Center.

Joseph R. Pringle Jr., M.D. '75, is still on the pediatrics staff at the Naval Regional Medical Center in Charleston, S.C.

Bruce Berlow, M.D. '75, has entered a practice at the Sansum Medical Clinic in Santa Barbara, Calif., after completing fellowships in allergy and immunology and pediatric pulmonary disease at the University of California at San

Diego. He has a new son, Clifford Warren, born in May.

Joseph B. Philips III, M.D. '75, has been named assistant professor of pediatrics at the University of Alabama Medical Center in Birmingham. He and wife Jane have one child, Joseph B. Philips IV.

Van J. Stitt Jr., M.D. '75, is a staff physician and director of inpatient family practice at the Naval Regional Medical Center in Charleston, S.C.

Richard Fox, M.D. '75, wife Betsy and their first child, Rebecca, tell everyone to come see them in San Antonio, where he's chief resident in medicine at the University of Texas Health Science Center.

John C. Rogers, HS '78, completed a Robert Wood Johnson Family Medicine fellowship and now is acting assistant professor of family medicine at the University of Washington School of Medicine in Seattle.

Cynthia Conrad, M.D. '78, says she's begun her third year of residency training in psychiatry at the Yale-New Haven (Conn.) Hospital. She also says she finally completed her doctoral dissertation in neurobiology this fall.

Will Perry, M.D. '78, is chief resident in family practice at the Scottsdale (Ariz.) Memorial Hospital, member of the governing council of the residents' physician section of the American Medical Association and vice chairman of the Arizona Residents' Physician Section.

A. Price Monds, M.D. '78, has changed surgery residency programs from the University of Florida at Gainesville to East Tennessee State University in Johnson City.

Charles O. Harris, HS '79, is an assistant resident of ob-gyn at Duke University Medical Center.

John Koomen, M.D. '79, is a psychiatry resident at Vanderbilt University Hospital in Nashville, Tenn.

Robert S. Tomsick, M.D. '76, is on the dermatology faculty in the School of Medicine.

Richard A. Bowerman, M.D. '76, is now an instructor of radiology at the University of Michigan Hospital, where he completed a diagnostic radiology residency in June. His wife Cathy is busy as an associate attorney primarily involved with malpractice defense litigation.

Ronald Lynn Williams, M.D. '76, Louisville, Ky., has a new son, Ron Jr., born in May.

Dr. Charles H. Hendricks, professor of ob-gyn, and his wife had the privilege recently of having tea with India's Prime Minister Indira Gandhi. Hendricks was among other physicians at the Third International Seminar on Maternal and Perinatal Mortality, Pregnancy Termination and Sterilization in New Delhi invited to meet with Gandhi. The prime minister addressed the seminar. Hendricks presented a lecture there on "Prospects for Prevention of Premature Birth" and other lectures in Chandigarh, Jammu, and Delhi while he was in India.

Kenneth Lempert, M.D. '76, is in his second year of a nephrology fellowship at the University of Wisconsin.

F. Ray Thigpen, M.D. '76, has started the second year of a private practice in Whiteville. He has two sons, Matthew and Jonathan.

Mark W. Peterson, M.D. '77, is completing his third year with the U.S. Navy as chief of outpatient psychiatry. In January, he plans to settle in Greenville, S.C., where he'll practice general psychiatry.

John P. Manzella, HS '77, is in the division of infectious diseases at the York (Penn.) Hospital and is an assistant clinical professor of medicine in the division of infectious diseases at the University of Maryland.

Lewis Edwin Speagle, M.D. '77, has entered a two-year Robert Wood Johnson Fellowship program at Case Western Reserve University before pursuing an academic career in family medicine.

Al Raynor, M.D. '77, is a second-year ophthalmology resident at the University of Florida at Gainesville. "I would like to hear from friends in areas where there is a need for ophthalmologists in North Carolina," he says.

Alan Stoodemire, M.D. '77, is a senior resident in psychiatry at the University of Colorado Medical Center and says he plans to return to the Triangle area in July 1981.

James Beatty Holt, M.D. '77, has a family medicine private practice in Pittsboro and Goldston.

H. Grady Morgan Jr., M.D. '77, finished his pediatrics residency at the Children's Hospital in Birmingham, Ala., and has begun a military obligation at Moody Air Force Base in Valdosta, Ga.

You are hereby appointed as a reporter for the *Medical Alumni Bulletin*. Please give us the latest information on you, your family, your work and your plans. If we have your address or name wrong, *tell us!*

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NAME:_____

ADDRESS:_____

DEGREE(S): _____ **YR. COMPLETED:** _____ **NCMH RESIDENCY (,):** _____ **YR. COMPLETED:** _____

Return to Medical Alumni Office, 231 MacNider 202H, Chapel Hill, N.C. 27514

From the Office of Continuing Medical Education and Alumni Affairs

As one looks at our School of Medicine, it is easy to identify those several areas in which we are truly excellent. We should be proud but not boastful of these marks of excellence.

Maintaining this excellence depends on a variety of sources of financial support. Notably, the North Carolina Legislature budget appropriations, federal grants and research support, various private organizations and, important in several ways, gifts and donations from private citizens, businesses, friends and alumni. It is the latter groups which often add the last full measure of support making possible a program, educational endeavors or service or may give a touch of excellence which may not have otherwise been possible.

A review of the last issue of the *Medical Alumni Bulletin* section on philanthropy reveals why there is an excellence to be found within our school. There are many very generous friends and alumni who support the school in a manner which shows a high level of expectation for performance. For this expectation and material support we are most grateful. You inspire and challenge us.

The Medical Alumni Association is entirely dependent upon this generous spirit. There are no membership dues, no subscriptions and no assessments levied. Yet we hope to reach every alumnus and alumna of the school through our publications, our services as needed, and in responding to a sense of liaison between formal education and the practical aspects of health care. Approximately 400 alumni have responded to the need for support of this important function of the school. This represents approximately one-eighth of our living physician graduates and less than one-twelfth of our total living graduates.

There are a multitude of reasons impinging upon why a former student may chose to or not to give support to his or her alma mater. In no instance, however, can it be because the student did not receive fair measure for the time and money the individual spent in gaining an education. There are none of us who have fully compensated the university and the school for this. Indeed it seems an unlikely possibility. It is important, however, that the school receive alumni support for the great number of extra educational and service benefits it provides for our students and citizens.

Our goal should be to have every alumnus and alumna make some gift to the school through one of the several mechanisms. It may be that some gifts are not properly attributed or acknowledged; we hope not and welcome our attention being focused upon this should it occur. It may be that some individuals may not be called upon in a manner which draws attention to the need. We welcome new approaches. It may be that some individual disagrees with or feels offended by a perceived act or attitude. We welcome and solicit your comments, criticisms and assistance. It may be that many of us are strongly intentioned but highly forgetful if an act of generosity is not followed through when the idea or appeal is immediately at hand. In either event the school needs your support. There is no time like the immediate to follow through on the intent to help.

We are joining a campus-wide effort to consolidate all giving under one mechanism of solicitation and acknowledgement. This will be placed into effect during the next year and will allow a gift to be designated in any manner to one or more parts of The University of North Carolina at Chapel Hill. The intent is to prevent multiple solicitation of each individual, allow specific designation of gifts and ensure proper acknowledgement by both the university and the ultimate recipient component.

We believe this will be an asset to all of us. At the same time we are anxious that no interposition of distance or attitude be created. Therefore we will welcome your reaction to this approach. You will be receiving mailings from the Medical Alumni Office and the university which will further explain the mechanisms as we implement this plan.

Let us have your support and your communication.

—William B. Wood, M.D. '56
Director of Alumni Affairs

Calendar

Medical Alumni Activities

March		
19-21	Medical Alumni Annual Meeting	Chapel Hill
May		
2	Medical Parents Day	Chapel Hill
9	North Carolina Medical Society Annual Meeting Social Hour	Pinehurst

Continuing Education

January		
9-10	Carolina Ocutome Workshop	Berryhill Hall
10	N.C. Chapter, American College of Physicians, Saturday Seminar in Dermatology	Berryhill Hall
16-17	Leadership Skills for Physicians	Carolina Inn
21-23	Alcoholism: The Search for the Sources	Sheraton Crabtree, Raleigh
January-February		
Six weeks	First District Medical Society Postgraduate Course	TBA
March		
9-20	Cruising Seminar: A Transcultural Approach to the Etiology, Diagnosis and Treatment of Alcoholism	Caribbean
11-14	Internal Medicine 1981	Berryhill Hall
25-27	Alcoholism: Biomedical Research Approaches for the 1980s	Carolina Inn
April		
2-3	Fifth Annual Cancer Research Center Symposium	Clinic Auditorium
2-4	Office Perimetry in Glaucoma Management	The Pinehurst Hotel
11-12	Geriatric Anesthesia	Carolina Inn
30-May 2	Fifth Annual Radiology Symposium	Hilton Head, S.C.
May		
16-17	Update in Obstetrics-Gynecology	The Great Smokies Hilton, Asheville
29-30	Intraocular Lens Implantation Course	Berryhill Hall

For more information about C.M.E. courses, contact the Office of Continuing Medical Education, 231 MacNider 202H, Chapel Hill, N.C. 27514; (919) 933-2118.

Medical Alumni Bulletin
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